

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008**

**FILED
Jun 19, 2008 08:00 AM
Secretary of State**

DOCUMENT # A0000000570		
1. Entity Name FISHMAN FAMILY LTD.		
Principal Place of Business 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON, FL 33432	Mailing Address 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON, FL 33432	



05292008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE K ESQ.
100 W. CYPRESS CREEK ROAD, STE. 700
FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FISHMAN, CELINA 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON, FL 33432
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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U00000953248
06/19/08-80001-013,500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Celina Fishman Date: 6-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #