

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 27, 2007 08:00 A
Secretary of State**

DOCUMENT # A0100000926	
1. Entry Name SHACHNOW INVESTMENTS LIMITED PARTNERSHIP	



Principal Place of Business C/O ENGELBERG & MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021	Mailing Address C/O ENGELBERG & MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021
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01082007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENGELBERG, MORRIS ESQ. C/O ENGELBERG & MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021

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 *Lisa Czolacz* DATE 3-19-07

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 #	P01000068194
NAME	SHACHNOW ENTERPRISES, INC.
STREET ADDRESS	4040 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000738924
05/14/07-80004-007 500.00

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: *Lisa Czolacz* Lisa Czolacz 4/24/07 201-871-8694

Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #