


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

DOCUMENT # A02000000210	
1. Entity Name THE GENET FAMILY LIMITED PARTNERSHIP NO. 3, LLLP	

Principal Place of Business 19080 N.E. 29TH AVE. AVENTURA, FL 33180	Mailing Address 19080 N.E. 29TH AVE. AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03142007 Chg-LP CR2E003 (12/06)

4. FEI Number 04-3606776	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

**NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
David G. Genet

Street Address (P.O. Box Number is Not Acceptable)
19080 NE 29th Ave.

City
Aventura FL Zip Code
33180

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 _____

[Handwritten Signature]

[Handwritten Signature]

**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 #	P96000102066
NAME	GENET FAMILY HOLDINGS, INC.
STREET ADDRESS	19080 N.E. 29TH AVE.
CITY-ST-ZIP	AVENTURA, FL 33180
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400097227824
CITY-ST-ZIP	04/17/07--01045--013 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **Managing Partner** **4/1/2007** **305-933-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Genet Family Limited Partnership No. 3, LLP

FILED

2007 APR 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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