## **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

## **Due By May 1, 2007** DOCUMENT # A04000001973 1. Entity Name WEINSIER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 5021 HAWKHURST AVE. SOUTHWEST RANCHES, FL 33331 5021 HAWKHURST AVE. SOUTHWEST RANCHES, FL 33331

**FILED** Mar 23, 2007 08:00 A Secretary of State

DO NOT WRITE IN THIS SPACE    01032007 No Chg-LP   CR2E003 (12/06)	on a second	g digression and the second	Property (Section 1988)			
Applied For 20.1965359   No. Applied For 20.1					UF BOILF BRIOT IIBIA IBILI IBBBB QIIIBIT BI FBBI	
20-1965359 S8.75 Anditional rice Required  6. Name and Address of Current Registered Agent  5. Certificate of Status Desired S9.75 Anditional rice Required  6. Name and Address of Current Registered Agent  5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florids. I am familiar with, and access the obligations of registered agent.  5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florids. I am familiar with, and access the obligations of registered agent. The purpose of registered agent of registered agent. The purpose of registered agen	n	O NOT WOITE IN THIS SI	01032007 No Chg-LP	CR2E003 (12/06)		
6. Name and Address of Current Registered Agent  SACHER, CHARLES S 2655 LE JEUNE RD, SUITE 1101  CORAL GABLES, FL 33134  DO NOT WRITE IN THIS SPACE  6. 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 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  After May 1, 2007, Fee will be \$900.00  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  DOUMDIT / MORE General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  WE WEINSIER FAMILY, LLC  SIBET AGRESS 5021 HAWKHURST AVE.  SUTHWEST RANCHES, FL 33331  DOUMDIT / MAKE SIBET AGRESS 107-51-2P  DOUMDIT / MAKE SIBET AGRESS 107-51-2P  DOUMDIT / MAKE SIBET AGRESS 107-51-2P  DOUMDIT / MAKE SIBET AGRESS 107-51-3P  DOUMDIT / MAKE SIBET AGRESS 1	DO NOT WRITE IN THIS SPACE					
SACHER, CHARLES S 2655 LE JEUNE RD, SUITE 1101 CORAL GABLES, FL 33134  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, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida.  INTERIOR OR STATE ADDRESS OF THE STATE					\$8.75 Additional	
2855 LE JEUNE RD, SUITE 1101 CORAL GABLES, FL 33134  IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SUMMATURE  SUMMATURE  SUMMATURE THE NOW IT FEE IS \$500.00  After May 1, 2007, Fee will be \$500.00  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  LOGOMODIT J.  NAME  SIBER FAMILY, LLC  WEINSIER FAMILY, LLC  WEINSIER FAMILY, LLC  SO21 HAWKHURST AVE.  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIBER FAMILY, LLC  SIRE FAMILY, LLC  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME  SIRE FAMILY, LLC  SOUTHWEST RANCHES, FL 33331  DODINBOT J.  NAME SOUTHWEST RANCHES, FL 33331	6. Name and Address of Current Registered Agent			· · · · · · · · · · · · · · · · · · ·		
THE OBLIGATIONS of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$500.00  After May 1, 2007, Fee will be \$900.00  AGENERAL 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 e general partner.  12. GENERAL PARTNER INFORMATION  DOCUMENT   LO4000085642  WEINSIER FAMILY, LLC  SIRET ADDRESS  CITY-ST-2P SOUTHWEST RANCHES, FL 33331  DOCUMENT   SIRET ADDRESS  CITY-ST-2P DOCUMENT   NAME  SIRET ADDRESS  CITY-ST-2P SIRET	2655 LE JE	EUNE RD, SUITE 1101				
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  12. GENERAL PARTNER INFORMATION  13. LO4000085642  WEINSIER FAMILY, LLC  SIFETIADRESS  CITY-ST-2P  DOCUMENT / MAME  SIRECT ADDRESS  CITY-ST-2P  DOCUMENT / MAME  STREET ADDRESS  CITY-ST-2P  DOCUMENT / MAME  STREE	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 1 am familiar with, and accept the obligations of registered agent.					
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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  DOCUMENT / NAME WEINSIER FAMILY, LLC SIRETADDRESS CITY-ST-2P  DOCUMENT / NAME SIRETADD	SIGNATURE -	Signature, typed or printed name of registered agent and title if applicable			DATE	
12. GENERAL PARTNER INFORMATION  DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	After May 1, 2007, Fee will be \$900.00					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET AD	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.					
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-					多种 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WEINSIER FAMILY, LLC 5021 HAWKHURST AVE.				
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			03/30/	000677030 07-80090-018 500.00	
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				<ul><li>(4) (3) (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4</li></ul>	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS	name Street address	·		IN IHIS SP	ACE	
NAME STREET ADDRESS	NAME STREET ADDRESS		The second second			
	name Street address		The second secon			

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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE** 

STAPLE CHECK HERE

James F. Weinsiel, F James F. Weinsier, Partner 3/19/2007

954-444-9484

Daytime Phone #