

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

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

DOCUMENT # A04000001973 1. Entity Name WEINSIER FAMILY LIMITED PARTNERSHIP	
---	---

Principal Place of Business 5021 HAWKHURST AVE. SOUTHWEST RANCHES, FL 33331	Mailing Address 5021 HAWKHURST AVE. SOUTHWEST RANCHES, FL 33331
---	---

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1965359	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 SACHER, CHARLES S 2655 LE JEUNE RD, SUITE 1101 CORAL GABLES, FL 33134	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
--	------------

**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 #	L04000085642
NAME	WEINSIER FAMILY, LLC
STREET ADDRESS	5021 HAWKHURST AVE.
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331
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

000000677080
03/30/07-80090-018 500.00

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: 	James F. Weinsier, Partner	3/19/2007	954-444-9484
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>