2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # A94000000007

1. Entity Name

ARONOFF FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH FL 33467	C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH FL 33467

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0453908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARONOFF, JOEL S 4522 HAZELTON LANE LAKE WORTH FL 33467	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 3/21/07

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

FILE NOW!!!. Fee is $500. *. After May 1, 2007, fee will be $900. ***. Make check payable to Florida Department of State.**

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CRANE, ROSALYN 4522 HAZELTON LANE LAKE WORTH FL 33467	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP MORD, ANNETTE 4392 JAMES ESTATE COURT LAKE WORTH FL 33467	STREET ADDRESS CITY-ST-ZIP U00000682985 04/05/07-80024-017 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP ARONOFF, HERBERT 6771 FIJI CIRCLE BOYNTON BEACH FL 33437	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP ARONOFF, JOEL 759 EAST RAMBLING DRIVE WELLINGTON FL 33417	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

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: Rosalyn Crane 3/31/07 561-432-2455

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