

**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	
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Principal Place of Business C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH FL 33467	Mailing Address C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH FL 33467
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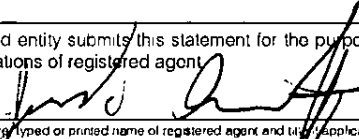
1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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 ARONOFF, JOEL S 4522 HAZELTON LANE LAKE WORTH FL 33467

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

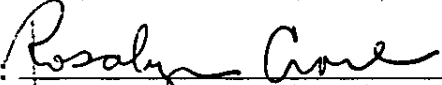
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CRANE, ROSALYN 4522 HAZELTON LANE LAKE WORTH FL 33467
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MORD, ANNETTE 4392 JAMES ESTATE COURT LAKE WORTH FL 33467
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ARONOFF, HERBERT 6771 FIJI CIRCLE BOYNTON BEACH FL 33437
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ARONOFF, JOEL 759 EAST RAMBLING DRIVE WELLINGTON FL 33417
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	000000682985
CITY - ST - ZIP	04/05/07-80024-017 500.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	3/21/07 401-432-2255 Date Daytime Phone #
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STAPLE CHECK HERE