

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

DOCUMENT # A94000000007	
1. Entity Name ARONOFF FAMILY LIMITED PARTNERSHIP	

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1st MOORE CR2E003 (10/07)

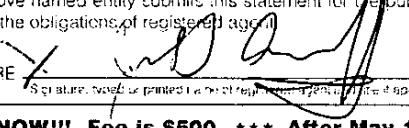
4. FEI Number 65-0453908	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARONOFF, JOEL S 4522 HAZELTON LANE LAKE WORTH FL 33467	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

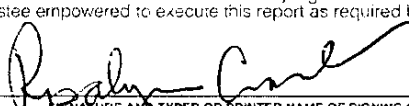
SIGNATURE  DATE _____

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	CRANE, ROSALYN	STREET ADDRESS	
NAME	4522 HAZELTON LANE	CITY-ST-ZIP	100128735001 05/07/08--01011--010 **500.00
STREET ADDRESS	LAKE WORTH FL 33467		
CITY-ST-ZIP			
DOCUMENT #	MORD, ANNETTE	STREET ADDRESS	
NAME	4392 JAMES ESTATE COURT	CITY-ST-ZIP	
STREET ADDRESS	LAKE WORTH FL 33467		
CITY-ST-ZIP			
DOCUMENT #	ARONOFF, HERBERT	STREET ADDRESS	
NAME	6771 FIJI CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	BOYNTON BEACH FL 33437		
CITY-ST-ZIP			
DOCUMENT #	ARONOFF, JOEL	STREET ADDRESS	
NAME	759 EAST RAMBLING DRIVE	CITY-ST-ZIP	
STREET ADDRESS	WELLINGTON FL 33417		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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

Date

Daytime Phone #

STAPLE CHECK HERE