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	Mailing Address
C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH FL ~~33467~~ 33449	C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH FL ~~33467~~ 33449

1st MOORE CR2E003 (10/07)

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

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

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 #		STREET ADDRESS	
NAME	CRANE, ROSALYN	CITY-ST-ZIP	100128735001 05/07/08--01011--010 **500.00
STREET ADDRESS	4522 HAZELTON LANE		
CITY-ST-ZIP	LAKE WORTH FL 33467		
DOCUMENT #		STREET ADDRESS	
NAME	MORD, ANNETTE	CITY-ST-ZIP	
STREET ADDRESS	4392 JAMES ESTATE COURT		
CITY-ST-ZIP	LAKE WORTH FL 33467		
DOCUMENT #		STREET ADDRESS	
NAME	ARONOFF, HERBERT	CITY-ST-ZIP	
STREET ADDRESS	6771 FIJI CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		
DOCUMENT #		STREET ADDRESS	
NAME	ARONOFF, JOEL	CITY-ST-ZIP	
STREET ADDRESS	759 EAST RAMBLING DRIVE		
CITY-ST-ZIP	WELLINGTON FL 33417		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: _____

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