


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000001690
 1. Entity Name
 THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
 1858 RINGLING BLVD P.O. BOX 49348
 SARASOTA, FL 34236 SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE



02062007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0609906	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
 CLARKE, ROBERT P
 1858 RINGLING BLVD
 SARASOTA, FL 34236

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

U00000658970
 03/16/07-80010-019 500.00

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.

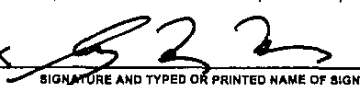
12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FRIEDMAN, BETSY SUE 9 WILD ROSE HILL BEARSVILLE, NY 12409
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FRIEDMAN NORTON, AMY G 149 HAVER ROAD OLIVEBRIDGE, NY 12461
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FRIEDMAN, NANCY 99 BANK STREET, APT 6H NEW YORK, NY 10014
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FRIEDMAN-LYONS, GERI 16 QUAKER BRIDGE ROAD OSSINING, NY 10562
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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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: X  Amy Friedman-Norfan 2 28 07 845657244 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #