


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

**FILED
Jan 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # A96000001594
1. Entity Name
**THE PLUZNICK FAMILY LIMITED PARTNERSHIP
L.L.L.P.**



Principal Place of Business Mailing Address
7563 ISLA VERDE WAY 7563 ISLA VERDE WAY
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446



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 **65-0717171** Applied For
Not Applicable

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

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent
**MILLER, JEROME R ESQ.
1300 N. FEDERAL HIGHWAY, SUITE 107
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent
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, 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	PLUZNICK, SELMA R 7563 ISLA VERDE WAY DELRAY BEACH FL 33446
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PLUZNICK-MARRIN, MARCY 3844 WILLOW VIEW COURT SANTA ROSA CA 95403
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PLUZNICK, MICHAEL 311 OAK STREET, PH 19 OAKLAND CA 94607-1188
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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01/24/07-80059-008 500.00

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: *Selma R. Pluznick* 1/18/09 361-237-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #