


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Feb 01, 2008 08:00 AM
Secretary of State**

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



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

DO NOT WRITE IN THIS SPACE



01252008 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0717171 | 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

MILLER, JEROME R ESQ.
1300 N. FEDERAL HIGHWAY, SUITE 107
BOCA RATON, FL 33432

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 | 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 946071188 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | |
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02/12/08-80036-011 500.00

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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: *Shirley R. P. [Signature]* 1/28/08 311-637-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #