


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

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # A99000000925<br>1. Entity Name<br>THE GENET FAMILY LIMITED PARTNERSHIP NO. 2 |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>19080 N.E. 29TH AVENUE<br>AVENTURA, FL 33180 | Mailing Address<br>19080 N.E. 29TH AVENUE<br>AVENTURA, FL 33180 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-LP CR2E003 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0924752                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

GENET, DAVID G  
19080 NE 29TH AVENUE  
AVENTURA, FL 33180

**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, 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 #                      | P03000052054                      |
| NAME                            | GENET FAMILY HOLDINGS NO. 2, INC. |
| STREET ADDRESS                  | 19080 N.E. 29TH AVENUE            |
| CITY-ST-ZIP                     | AVENTURA, FL 33180                |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |

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 05/01/08-80033-002 500.00

**DO NOT WRITE IN THIS SPACE**

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 689, Florida Statutes

**SIGNATURE:**  **DAVID G. GENET** 4/15/08 305-933-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Genet Family Limited