

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # B06000000100

1. Entity Name
GOLDSTEIN FAMILY PROPERTIES LIMITED PARTNERSHIP



FILED

2007 APR 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2918 BUSCH LAKE BLVD.
TAMPA, FL 33614

Mailing Address
2918 BUSCH LAKE BLVD.
TAMPA, FL 33614

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04182007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, ROBERT F
2918 BUSCH LAKE BLVD.
TAMPA, FL 33614

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 \$500.00
After May 1, 2007, 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	GOLDSTEIN, RONALD
STREET ADDRESS	3429 VALLEY RANCH DR.
CITY-ST-ZIP	TAMPA, FL 33549
DOCUMENT #	
NAME	GOLDSTEIN, STUART
STREET ADDRESS	4601 CONNECTICUT AVE NW
CITY-ST-ZIP	WASHINGTON, DC 20008
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	5001 01 232728
CITY-ST-ZIP	05/02/07--01049--021 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

[Handwritten Signature]

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: *[Handwritten Signature]* **4/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #