


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

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # B98000000069**

1. Entity Name  
**THE BREEN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**3524 FAIR OAKS LANE**  
**LONGBOAT KEY, FL 34228**

Mailing Address  
**3960 MERRICK RD.**  
**SEAFORD, NY 11783**

**DO NOT WRITE IN THIS SPACE**



02252007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>58-2260831</b>	Applied For 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

**BREEN, JAMES J**  
**3524 FAIR OAKS LANE**  
**LONGBOAT KEY, FL 34228**

**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**

U00000664492  
 03/22/07-80046-019 500.00

**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	<b>BREEN, JAMES J</b> <b>3524 FAIR OAKS LANE</b> <b>LONGBOAT KEY, FL 34228</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>BREEN, JOAN F</b> <b>3524 FAIR OAKS LANE</b> <b>LONGBOAT KEY, FL 34228</b>
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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: *James J Breen* JAMES J. BREEN** **March 7, 2007** **941-387-3380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #