2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # A9700001897 1. Entity Name LEHRER FAMILY INVESTMENT CO., LTD.



Mailing Address

2100 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308

Principal Place of Business

2100 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308

FILED Jan 17, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0777556 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHRER, THEODOR 2100 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308

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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.
SI	GNATURE

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.

	NOTE: General Partners IIIAT NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #		
	NAME	THEODOR LEHRER, TRUSTEE	
	STREET ADDRESS	2100 E. COMMERCIAL BLVD.	
	CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
	DOCUMENT #		
	NAME		
	STREET ADDRESS		
-	CITY-ST-ZIP	·	
	DOCUMENT #		
	NAME		
	STREET ADDRESS		

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

U00000589338 01/18/07-80012-007 500.00

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14. I hereby certify that the information supplied with this filling 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 trustes empowered to execute this report as jequired by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-SENERAL PARTNER