
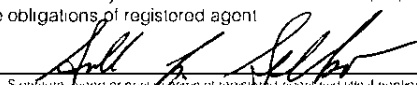
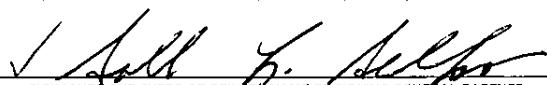


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A96000002245</b> 1. Entity Name <b>SELKO FAMILY NUMBER ONE LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410</b>		Mailing Address <b>3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410</b>	
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	
6. Name and Address of Current Registered Agent  <b>SELKO, SOLL L 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b>3/17/07</b> <small>Signature, typed or printed name of registered agent and date if applicable.</small>			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	<b>SELKO, SOLL L 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410</b>	STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	<b>SELKO, MILDRED L 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410</b>	STREET ADDRESS CITY-STATE-ZIP	<b>1100000676670 03/30/07-80071-001 500.00</b>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<b>3/17/07</b> <b>561-624-4415</b> <small>Daytime Phone #</small>	



1st MOORE CR2E003 (10/06)

4. FEI Number **65-0706092** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

STAPLE CHECK HERE