

**LIMITED PARTNERSHIP ANNUAL REPORT (AR)**

192

DOCUMENT # A9600000990  
 1. Entity Name BERRIE FAMILY LTD PARTN



SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 JUL 27 PM 12:48

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 14745 DRAFT HORSE LN 3. Mailing Address JAN  
 Suite, Apt. #, etc.

CR2E003B (12/05)

**DUE BY MAY 1**

City & State WELLINGTON FL 33414  
 City & State 33414  
 Zip 33414 Country USA Zip Country

4. FEL Number 65-0719985 Applied For  
 Not Applicable

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

6. **DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name BERRIE FAMILY CORP  
 Street Address (P.O. Box Number is Not Acceptable) 14745 DRAFT HORSE  
 City WELLINGTON FL 33414

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 M L Berrie PTNR DATE 6/28/07  
Signature, typed or printed name of registered agent and title if applicable

11. Jan. - May 1 Fee is \$500.00  
 After May 1, Fee is \$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 STREET ADDRESS CITY-ST-ZIP	<u>096000088175</u> <u>Berrie Family Corp.</u> <u>14745 Draft Horse Lane</u> <u>West Palm Beach, FL 33414</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13.	
STREET ADDRESS	
CITY-ST-ZIP	<u>600106978316</u> <u>07/31/07--01023--010 **500.00</u>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

BLF

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: M L Berrie DATE 6/28/07 DAYTIME PHONE # 561 790 7779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

ada



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2007

THE BERRIE FAMILY LIMITED PARTNERSHIP  
14745 DRAFT HORSE LANE  
WELLINGTON, FL 33414-1008

SUBJECT: THE BERRIE FAMILY LIMITED PARTNERSHIP  
Ref. Number: A96000001990

We have received your document for THE BERRIE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$900.00, which includes a \$400 late fee. If a certificate of status is desired, please include an additional \$8.75.

Block 7 must contain the name and address of the registered agent and registered office. According to our records, BERRIE FAMILY CORP. is the current registered agent. Please note the registered office address must be a Florida street address.

The annual report/uniform business report/reinstatement must be signed by a general partner.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 207A00045424

PLEASE WAIVE LATE FEE  
AS WE NEVER RECEIVED  
THE DOCUMENT UNTIL I RETURNED  
MG from