

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

FILED

2007 FEB 28 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142007 No Chg-LP CR2E003 (12/06)

DOCUMENT # A00000000334	
1. Entity Name PRICE FAMILY HOLDINGS, LTD.	

Principal Place of Business 2401 N.W. BOCA RATON BLVD., SUITE 100 BOCA RATON, FL 33431	Mailing Address 2401 N.W. BOCA RATON BLVD., SUITE 100 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEVLIN, TIMOTHY CPA
2401 N.W. BOCA RATON BLVD., SUITE 100
BOCA RATON, FL 33431

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B. 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 STREET ADDRESS CITY - ST - ZIP	P98000100274 PRICE HOLDINGS, INC. 2401 N.W. BOCA RATON BLVD., SUITE 100 BOCA RATON, FL 33431
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03/02/07--01049--024 **500.00

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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: TADL _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____