

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)

4. FEI Number

65-0912728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

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 # P98000100274
NAME PRICE HOLDINGS, INC.
STREET ADDRESS 2401 N.W. BOCA RATON BLVD., SUITE 100
CITY - ST - ZIP BOCA RATON, FL 33431

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300090086703
03/02/07--01049--024 **\$500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE