


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

<b>DOCUMENT # A00000000586</b> 1. Entity Name <b>ADLER FAMILY INVESTMENTS, LIMITED</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**08 SEP 10 AM 9:42**

Principal Place of Business <b>C/O KARL W. ADLER</b> <b>1700 NORTHEAST 26TH STREET, #4</b> <b>FT. LAUDERDALE, FL 33305</b>	Mailing Address <b>C/O KARL W. ADLER</b> <b>1700 NORTHEAST 26TH STREET, #4</b> <b>FT. LAUDERDALE, FL 33305</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address <b>P.O. Box 24787</b> Suite, Apt. #, etc. <b>Fort Lauderdale, FL</b> <b>33307-4787</b> <b>USA</b>	08272008      Chg-LP      CR2E003 (12/06) 4. FEI Number <b>65-1015080</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ADLER, KARL W</b> <b>1700 NORTHEAST 26TH STREET, #4</b> <b>FT. LAUDERDALE, FL 33305</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
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	13. ADDRESS CHANGES ONLY
DOCUMENT #      L00000003759 NAME      ADLER FAMILY INVESTMENTS, LLC STREET ADDRESS      1700 N.E. 26TH STREET, #4 CITY-ST-ZIP      FT. LAUDERDALE, FL 33305	STREET ADDRESS CITY-ST-ZIP <b>700136272977</b> <b>09/23/08 01051-010 ***500.00</b>

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: *Karl W. Adler*      9/5/08      954-566-3237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE