

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

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> A0000001106	
1. Entity Name <b>LEE S. LASSER FAMILY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH FL 33073</b>	Mailing Address <b>4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH FL 33073</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/06)

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>LASSER, LEE S 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH FL 33073</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code <b>FL</b>

4. FEI Number <b>65-1022787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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.\*\*\* After May 1, 2007, fee will be \$900.\*\*\* Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
	<b>LASSER, LEE S TRUSTEE</b>		
STREET ADDRESS	<b>4100 NORTH POWERLINE ROAD, SUITE B-2</b>	CITY- ST- ZIP	
	<b>POMPAÑO BEACH FL 33073</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>LOUIS, ROBIN E TRUSTEE</b>		
STREET ADDRESS	<b>4100 NORTH POWERLINE ROAD, SUITE B-2</b>	CITY- ST- ZIP	
	<b>POMPAÑO BEACH FL 33073</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>LASSER, DAVID A TRUSTEE</b>		
STREET ADDRESS	<b>4100 NORTH POWERLINE ROAD, SUITE B-2</b>	CITY- ST- ZIP	
	<b>POMPAÑO BEACH FL 33073</b>		
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STREET ADDRESS		CITY- ST- ZIP	

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04/04/07-20091-010 500.00

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:** Lee S. Lasser **3/21/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE