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

## **DOCUMENT # A0000001230** KLEIN FAMILY INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1117 Shipwatch Circle 1117 Shipwatch Circle TAMPA, FL 33602 Tampa, FL 33602 DO NOT WRITE IN THIS SPACE

FILED

2007 APR 30 AM 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01302007 No Chq-LP

CR2E003 (12/06)

4. FEI Number 59-3663121 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Diane Kass 1117 Shipwatch Circle Tampa, FL 33602

## 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 the obligations of registered agent. | I am familiar with, and accept |
|---|--------------------------------|
| 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 P00000070193 DOCUMENT # KLEIN FAMILY INVESTMENTS, INC. NAME 1117 Shipwatch Circle STREET ADDRESS CITY-ST-ZIP Tampa, FL 33602 DOCUMENT # NAME STREET ADDRESS CITY-\$T-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT / STREET ADDRESS CJTY - ST - 2IP DOCUMENT # NAME STREET ADDRESS

000101855440

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 accura gre and that my signature shall have the same legal effect as if made under path; that I am a General Partner of the limited partnership execute this report as required by Chapten 620, Florida Statutes or the receiver or trustee empowered to

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #