

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02032007 Chg-LP CR2E003 (12/06)

DOCUMENT # A00000001594	
1. Entity Name OROSHNIAK LIMITED PARTNERSHIP	



Principal Place of Business 5502 N.W. 37TH AVENUE MIAMI, FL 33142	Mailing Address 5502 N.W. 37TH AVENUE MIAMI, FL 33142
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2. Principal Place of Business - No P.O. Box # 1820 Bay Road	3. Mailing Address 1820 Bay Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Zip 33139
Country USA	Country USA

4. FEI Number 65-1069507	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 OROSHNIAK INVESTMENTS, INC. 5502 N.W. 37TH AVENUE MIAMI, FL 33142	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1820 Bay Road	
City Miami Beach	FL Zip Code 33139

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
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000047090 OROSHNIAK INVESTMENTS, INC. 5502 N.W. 37TH AVENUE MIAMI, FL 33142	STREET ADDRESS CITY-ST-ZIP	1820 Bay Road Miami Beach, FL 33139
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500096163555 04/09/07--01005--002 **500.00
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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: M. Orosnik 3/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE