

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001974

1. Entity Name
THE EDWARD AND ELAINE BLUTMAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**11121 MALAYSIA CIRCLE
BOYNTON BEACH, FL 33437**

Mailing Address
**11121 MALAYSIA CIRCLE
BOYNTON BEACH, FL 33437**



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-1062313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAHN, IRA L
2514 HOLLYWOOD BLVD., SUITE 300
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**POLLACK, JAQUELINE
1003 RIDGEMONT PLACE
HEATHROW, FL 32746**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BLUTMAN, ELAINE L
11121 MALAYSIA CIRCLE
BOYNTON BEACH, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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DOCUMENT #
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CITY-ST-ZIP

U000000641487
02/28/07-80109-013 500.00

**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