2007 LIMITED PÄRTNERSHIP ANNUAL REPORT

FILED 0 AM ate

	Due By M	Jan 22, 2007 08:00 Secretary of Sta			
1. Entity Na	DOCUMENT # A0100000477 1. Entity Name SALSTEIN PARTNERS, LTD.				
Principal Pla 6250 N.W. MIAMI, FL		Mailing Address 6250 N.W. 35TH AVE. MIAMI, FL 33147			
	DO NOT WOITE		· · ·	01162007 No Chg-LP	CR2E003 (12/06)
"	DO NOT WRITE	: IN THIS SPA	ACE	FEI Number 65-1105537 Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		<u> </u>	
2 SOUTH SUITE 35	LAMONT & NEIMAN, P.A. 2 SOUTH BISCAYNE BLVD. SUITE 3550 MIAMI, FL 33131			DO NOT W IN THIS SI	
8. The above the obligation of the state of	re named entity submits this statement fations of registered agent. Signature, typed or printed name of registered agent		stered office or register	red agent, or both, in the State of F	Porida. I am familiar with, and accept
	FILE NO After May 1,	Will FEE IS \$500.00 2007, Fee will be \$900.00			
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS ENTITY AY NOT be changed on the fo	/ MUST BE REGIS` orm; an amendmer	TERED AND ACTIVE WITH T nt must be filed to change a p	HIS OFFICE. general partner.
12.	GENERAL PARTNE				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SALSTEIN MANAGEMENT, LLC 6250 N.W. 35TH AVE. MIAMI, FL 33147	:			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				00000 01/24/07	00598110 7~80062-025 500.00
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP	S			DO NOT W	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	5			IN THIS SP	ACE
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	s				
DOCUMENT / NAME	.,				

upblied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curate and that mysignature shall have the same legal effect as if made under oath; that Jam a General Partner of the limited partnership to execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true or the receiver or trustee and

SIGNATURE: _

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NA

Date