2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A01000000558

1. Entity Name PATEL FAMILY PARTNERSHIP, LTD.



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

3100 NORTH OCEAN BOULEVARD, APT. 2209 FORT LAUDERDALE, FL 33308-7116

3100 NORTH OCEAN BOULEVARD, APT. 2209 FORT LAUDERDALE, FL 33308-7116



DO NOT WRITE IN THIS SPACE

04302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1091596 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDOLF & HOFFMAN, P.A. 615 NORTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, in the State of Florida. 1 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 \$900.0	·
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P01000017249	
NAME	K & K AMPLIFIED ASSETS, INC.	£00000752576
STREET ADDRESS	3100 NORTH OCEAN BOULEVARD	05/21/07-80020-018 580.00
CITY-ST-ZIP	FORT LAUDERDALE, FL 333087116	00/21/01 00020 010 080.00
DOCUMENT #		
NAME	;	
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #	• .	
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THE SPACE
DOCUMENT #		IN THIS SPACE
MANAG		

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
TOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP

Estates

4/30/07 (954)375-1951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytim