


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000001206 1. Entity Name AMSTER FAMILY INVESTMENTS, LTD.	
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Principal Place of Business 3945 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160	Mailing Address 3945 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1141028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMSTER, ETHEL
3945 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33160**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000873560
04/10/08-80072-016 500.00

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
	AMSTER FAMILY INVESTMENTS, INC.	3945 N.E. 167TH STREET	NORTH MIAMI BEACH, FL 33160
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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:  **3-26-2008** **305 944 8206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE