


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

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

DOCUMENT # A01000001448 1. Entity Name EPSTEIN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business C/O CAROL KOHN 106 GLENBROOK COURT ATLANTIS FL 33462	Mailing Address C/O CAROL KOHN 106 GLENBROOK COURT ATLANTIS FL 33462
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/07)

4. FEI Number 65-1148527	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KATZ, MARTIN V ESQ 625 N. FLAGLER DRIVE WEST PALM BEACH FL 33401
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 date of application

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
STREET ADDRESS	EPSTEIN, JAMES H	CITY- ST- ZIP	
CITY- ST- ZIP	2600 HERON LANE NORTH CLEARWATER FL 33762		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	KOHN, CAROL	CITY- ST- ZIP	
CITY- ST- ZIP	106 GLENBROOK COURT ATLANTIS FL 33462		
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CITY- ST- ZIP			

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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:  **CAROL KOHN** 1-20-08 561969-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE