


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000186</b>			
1. Entity Name <b>STROK FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062</b>		Mailing Address <b>1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number <b>03-0457604</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ATKINSON, WILSON C III ESQ % ATKINSON, DINER, STONE, MAKUTA ET AL. 1946 TYLER STREET HOLLYWOOD FL 33020</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____	

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 #	P02000000567	STREET ADDRESS	
NAME	STROK MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	1051 HILLSBORO MILE, APT. 906E		
CITY - ST - ZIP	HILLSBORO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	000000738789
NAME		CITY - ST - ZIP	05/08/07-80093-021 500.00
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:** *Elizabeth J. Strok*

*4/18/07*

*954-946-4541*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**ELIZABETH J. STROK**

STAPLE CHECK HERE