


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000000297
 1. Entity Name
STREEM FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
7505 STONEYBROOK DRIVE, UNIT #734 **7505 STONEYBROOK DRIVE, UNIT #734**
NAPLES, FL 34112 **NAPLES, FL 34112**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LP CR2E003 (12/06)

4. FEI Number 03-0421967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33402-3475

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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, 2007, Fee will be \$900.00

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	FREIBERG, BARBARA S 3392 NOYAC ROAD SAG HARBOR, NY 11963
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREEM, KATHRYN G 3724 BLACK FEATHER DRIVE EL SOBRANTE, CA 94803
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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 01/09/07-80057-010 500.00

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STAPLE CHECK HERE

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: *Barbara S. Freiberg* **1/3/07 (239) 530-4555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #