

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000297**

1. Entity Name  
**STREEM FAMILY LIMITED PARTNERSHIP**



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

Mailing Address  
**7505 STONEYBROOK DRIVE, UNIT #734**  
**NAPLES, FL 34112**



01072008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**03-0421967**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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

DOCUMENT #  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000784381  
01/16/08-80048-021 500.00

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/7/08 (631) 25-3513*  
Date Daytime Phone #

STAPLE CHECK HERE