

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000000387

1. Entity Name
GELBER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**275 SOLANO PRADO
CORAL GABLES, FL 33156**

Mailing Address
**275 SOLANO PRADO
CORAL GABLES, FL 33156**



01162007 No Chg-LP CR2E003 (12/06)

4. FEI Number
03-0396880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SACHER, CHARLES P
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES, FL 33134**

**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, 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
**GELBER, EDWARD C M.D.
275 SOLANO PRADO
CORAL GABLES, FL 33156**

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U000000605611
01/30/07-80043-013 500.00

**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: **EDWARD C. GELBER, M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-17-07 305-669-1885

Date

Daytime Phone #

STAPLE CHECK HERE