


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000000398 1. Entity Name STEADMAN FAMILY PARTNERS, LTD.	
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Principal Place of Business 800 WEST 42ND STREET, APT. 2A MIAMI BEACH, FL 33140	Mailing Address 800 WEST 42ND STREET, APT. 2A MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 03-0427797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WIENER, MARVIN I 2121 PONCE DE LEON BLVD., SUITE 900 CORAL GABLES, FL 33134

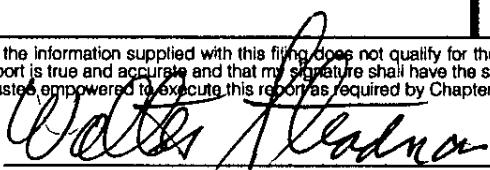
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	U000000841997 03/11/08-80010-010 500.00 DATE
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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 #	P02000023489
NAME	STEADMAN MANAGEMENT CORP.
STREET ADDRESS	800 WEST 42ND STREET, APT. 2A
CITY-ST-ZIP	MIAMI BEACH, FL 33140
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  2/24/08 305 502 3112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>

STAPLE CHECK HERE