## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

## **DOCUMENT #A0200000399**

PAULINE AND WALLY, LTD.



Principal Place of Business

Mailing Address

800 WEST 42ND STREET, APT. 2-A MIAMI BEACH, FL 33140

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**FILED** Jun 26, 2007 · 08:00 AN Secretary of State

Fee Required



## DO NOT WRITE IN THIS SPACE

06202007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 03-0427799 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

6. Name and Address of Current Registered Agent

WIENER, MARVIN I

## DO NOT WRITE

CORAL GABLES, FL 33134		IN THIS SPACE
	named entity submits this statement for the purpose of changing its rations of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE
	FILE NOWILL FEE IS \$500.00 Due by September 14, 2007	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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.		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P02000023489 STEADMAN MANAGEMENT CORP. 800 WEST 42ND STREET, APT. 2-A MIAMI BEACH, FL 33140	- U00000766635
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		06/26/07-80003-004 <b>5</b> 00.00
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DOCUMENT #		

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:** 

STREET ADDRESS CITY - ST - ZIP

STAPLE CHECK HERE