

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Mar 05, 2007 08:00 A
Secretary of State**

DOCUMENT # A02000000496							
1. Entity Name PASKIN LTD.							
Principal Place of Business 5624 LINTON BLVD C-205 DELRAY BEACH, FL 33484			Mailing Address 5624 LINTON BLVD C-205 DELRAY BEACH, FL 33484				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GLASSER, GENE K ESQ 100 W CYRESS CREEK RD SUITE 700 FT LAUDERDALE, FL 33309			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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			13. ADDRESS CHANGES ONLY				
DOCUMENT #	PASKIN, ANNE W		STREET ADDRESS				
NAME	5624 LINTON BLVD SUTE C-205		CITY-ST-ZIP				
STREET ADDRESS	DELRAY BEACH, FL 334846466		CITY-ST-ZIP				
CITY-ST-ZIP			CITY-ST-ZIP				
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STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Cecilia W. Paskin</i>			Date: <i>3/1/07</i>		Daytime Phone #: <i>561-241-1040</i>		



02282007 Chg-LP CR2E003 (12/06)

4. FEI Number 04-3636245 Applied For Not Applicable

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

STAPLE CHECK HERE

Date Daytime Phone #