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

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

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1. Entity Name

LEONARD ADLER FAMILY LIMITED PARTNERSHIP



Principal Place of Business

8211 W BROWARD BLVD

PLANTATION, FL 33324

Mailing Address

8211 W BROWARD BLVD

#375

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 02-0590974

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLISTON, TODD W 8211 W BROWARD BLVD #375 PLANTATION, FL 33324

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2.	FILE NOWIII FEE IS \$500.00	3
Sidivatori	Signature, typed or printed name of registered agent and title if applicable	<del></del>
SIGNATUR	F	U00000577305
the obli	gations of registered agent.	
8. The abo	ove 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

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.	GÉNERAL PARTNER INFORMATION
	DOCUMENT #	P02000031328
	NAME	LEONARD ADLER HOLDINGS, INC
	STREET ADDRESS	8211 W BROARD BLVD #375
	CITY-SI-ZIP	PLANTATION, FL 33324
	DOCUMENT #	
STAPLE CHECK HERE	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
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·	STREET ADDRESS	
- {	CITY-ST-ZIP	· · · · · ·
Ì	14 I hereby o	certify that the information cumplied with this filling does not qualify to

## 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

14107

254-473-4900

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Daytime Phone #