

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

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000666**

1. Entity Name  
**NORMAN & RUTH RUSS FAMILY LTD.**



Principal Place of Business  
**% RUTH & NORMAN RUSS**  
**9350 W BAY HARBOR DR., #4C**  
**BAY HARBOR ISLANDS, FL 33154**

Mailing Address  
**% LORI MISHKIN**  
**PO BOX 630176**  
**MIAMI, FL 33163**



01072007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3663633**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARASH & ASSOCIATES, P.A.**  
**1140 KANE CONCOURSE**  
**BAY HARBOR ISLANDS, FL 33154**

**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  
**RUSS, RUTH G TRUSTEE**  
**9350 W BAY HARBOR DR.**  
**BAY HARBOR ISLANDS, FL 33154**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RUSS, DENIS A**  
**1004 10TH ST.**  
**MIAMI BEACH, FL 33154**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MISHKIN, LORI R**  
**PO BOX 630176**  
**MIAMI, FL 33163**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000599329  
01/25/07-80048-003-508.75

**DO NOT WRITE**  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Day-Mo Phone #

305-785-5795

STAPLE CHECK HERE