

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

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001465**

1. Entity Name  
**MAZER FAMILY, LTD.**



Principal Place of Business  
**3000 LE BATEAU DRIVE  
PALM SPRINGS GARDENS, FL 33410**

Mailing Address  
**% IVAN A. GOMEZ, P.A.  
601 BRICKELL KEY DRIVE, SUITE 507  
MIAMI, FL 33131**



02232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1683040**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**IAG CORPORATE SERVICES, INC.  
601 BRICKELL KEY DRIVE, SUITE 507  
MIAMI, FL 33131**

**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

*Samuel R. Mazer*

Signature, typed or printed name of registered agent and title if applicable

*March 5, 2007*

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

U00000658938  
03/16/07-80012-005 508.75

**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 # **P02000118847**  
NAME **B.T. MANAGEMENT, INC.**  
STREET ADDRESS **3000 LE BATEAU DRIVE**  
CITY-ST-ZIP **PALM SPRINGS GARDENS, FL 33410**

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IN THIS SPACE**

STAPLE CHECK HERE

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

**B.T. Management, Inc.**  
**SIGNATURE: *Samuel R. Mazer***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Samuel R. Mazer, President**

*March*

Date

**(305) 371-9213**

Daytime Phone #