

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 12 PM 4:31

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



04072008 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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000128790110
05/08/08--01009--003 **535.00

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

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Samuel R. Mazer, President B.T. Management, Inc.

4/19/08

(305) 371-9213

STAPLE CHECK HERE