

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # A02000001525			
1. Entity Name BERNARD RUBIN FAMILY LIMITED PARTNERSHIP, LTD.			
Principal Place of Business 2120 SW 93RD WAY #1401 FT. LAUDERDALE FL 33324		Mailing Address 2120 SW 93RD WAY #1401 FT. LAUDERDALE FL 33324	
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



1st MOORE CR2E003 (10/06)

4. FEI Number 16-1641832		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUBIN, BERNARD 2120 SW 93RD WAY FT. LAUDERDALE FL 33324		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: *Bernard Rubin* DATE: *4/23/07*

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	RUBIN, BERNARD	STREET ADDRESS	
NAME	2120 SW 93RD WAY	CITY-ST-ZIP	
STREET ADDRESS	FT. LAUDERDALE FL 33324		
CITY-ST-ZIP			
DOCUMENT #	RUBIN, BETTY	STREET ADDRESS	
NAME	2120 SW 93RD WAY	CITY-ST-ZIP	
STREET ADDRESS	FT. LAUDERDALE FL 33324		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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

SIGNATURE: *Bernard Rubin G.P.* DATE: *4/23/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #