2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A02000001736

1. Entity Name

THE JOSEPH AND ESTELLE FINKEL FAMILY LIMITED PARTNERSHIP



FILED Feb 26, 2007 08:00 Al Secretary of State

Principal Place of Business

6835 MILANI STREET LAKE WORTH, FL 33467-5901 Mailing Address

6835 MILANI STREET LAKE WORTH, FL 33467-5901



01152007 No Chg-LP

CR2E003 (12/06)

_	Cartification of Chatter Description	 \$8.7	5 Additional
	14-1858294		Not Applicat
4.	FEI Number		Applied For

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FINKEL, ESTELLE 6835 MILANI STREET LAKE WORTH, FL 33467-5901

SIGNATURE: 4

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	named entity submits this statement for the purpose of changing its regions of registered agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
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 \$900.0			
		Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	TRUST AGREEMENT OF JOSEPH FINKEL 6835 MILANI STREET LAKE WORTH, FL 334675901			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	TRUST AGREEMENT OF ESTELLE T. FINKEL 6835 MILANI STREET LAKE WORTH, FL 334675901	000000649527 03/07/07-80052-023 500.00		
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	·			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				

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 agreequired by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER