

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 25 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0300000037

1. Entity Name
 PHOEBE VONP. KROME FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 15101 S.W. 200 STREET
 MIAMI, FL

Mailing Address
 P.O. BOX 596
 HOMESTEAD, FL ~~XXXX~~



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03072007 Chg-LP CR2E003 (12/06)

City & State

4. FEI Number
 06-1665281

Applied For
 Not Applicable

Zip Country Zip **33090** Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KROME, MEDORA
 29420 S.W. 205 AVENUE
 HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

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

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	KROME, MEDORA
STREET ADDRESS	29420 S.W. 205 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200101955832
CITY-ST-ZIP	05/03/07--01044--00? **500.00
STREET ADDRESS	
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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: Medora Krome Medora Krome 4-16-07 305-235-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #