


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

DOCUMENT # A03000000194		
1. Entity Name HJ GARBER FAMILY LIMITED PARTNERSHIP		

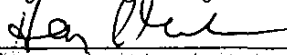
Principal Place of Business 5210 LINTON BLVD STE. 306 DELRAY BEACH FL 33484	Mailing Address 5210 LINTON BLVD STE. 306 DELRAY BEACH FL 33484
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2. Principal Place of Business - No P.O. Box # 4675 LINTON BLVD Suite, Apt. #, etc. 200	3. Mailing Address 4675 LINTON BLVD Suite, Apt. #, etc. 200
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City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33445-6611	Zip 33445-6611
Country USA	Country USA

6. Name and Address of Current Registered Agent GARBER, HARVEY J 5210 LINTON BLVD STE. 306 DELRAY BEACH FL 33484	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4675 LINTON BLVD #200 City DELRAY BEACH FL Zip Code 33445-6611
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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  HARVEY GARBER 4/10/07
Signature, typed or printed name of registered agent and title if applicable. DATE

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 # NAME STREET ADDRESS CITY - ST - ZIP	L03000001188 GARBER, LLC 5210 LINTON BLVD STE. 306 DELRAY BEACH FL 33484	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	60010309874E 05/23/07--01020--004 **500.00
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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:  JOYCE GARBER 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2007 MAY 10 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number 11-3683058	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE