


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2008

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 12 PM 4: 57

<b>DOCUMENT # A03000000194</b>	
<b>1. Entity Name</b> HJ GARBER FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 4675 LINTON BLVD SUITE 200 DELRAY BEACH, FL 33445-6611	Mailing Address 4675 LINTON BLVD SUITE 200 DELRAY BEACH, FL 33445-6611
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192008 Chg-LP CR2E003 (12/06)

**6. Name and Address of Current Registered Agent**

GARBER, HARVEY J  
4675 LINTON BLVD  
SUITE 200  
DELRAY BEACH, FL 33445-6611

**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, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000001188	STREET ADDRESS	4675 LINTON BLVD STE 200
NAME	GARBER, LLC	CITY - ST - ZIP	DELRAY BEACH FL 33445
STREET ADDRESS	5210 LINTON BLVD STE. 306		
CITY - ST - ZIP	DELRAY BEACH, FL 33484		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

**600128790316**  
05/08/08--01009--006 \*\*500.00

**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:**  **4/18/08** **561-302-8994**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE