

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000000226 1. Entity Name TAUB ASSOCIATES, LTD.					
Principal Place of Business 103 QUAYSIDE DRIVE JUPITER, FL 33477			Mailing Address 103 QUAYSIDE DRIVE JUPITER, FL 33477		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number APPLIED FOR 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 TAUB, SHELDON J 103 QUAYSIDE DRIVE JUPITER, FL 33477	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	TAUB, SHELDON J		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	103 QUAYSIDE DRIVE		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	TAUB, ADRIENNE C		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	103 QUAYSIDE DRIVE		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS			CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP	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 as required by Chapter 620, Florida Statutes					
SIGNATURE:			3/30/07 561-743-1605 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE