

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 14, 2007**

**FILED  
May 09, 2007 08:00  
Secretary of State**

**DOCUMENT # A03000000362**

1. Entity Name  
ANA CHRIS LIMITED PARTNERSHIP



Principal Place of Business 11558 SW 91ST TERRACE MIAMI, FL 33176	Mailing Address 11558 SW 91ST TERRACE MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**



05032007 No Chg-LP CR2E003 (12/06)

4. FEI Number 62-0859006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 STREET ADDRESS CITY-ST-ZIP	CHRISTODOULOU, ARLEEN 11558 SW 91ST TERRACE MIAMI, FL 33176
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05/29/07-80039-004 500.00

**DO NOT WRITE  
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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:**    
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #