

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

DOCUMENT # A03000000726

1. Entity Name
 BEHAR FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 16445 COLLINS AVE., #724
 MIAMI BEACH, FL 33160

Mailing Address
 P.O. BOX 634
 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
 16850-112 Collins Ave.

3. Mailing Address
 16850-112 Collins Ave.

Suite, Apt. #, etc.
 #285

Suite, Apt. #, etc.
 #285

City & State
 Miami Beach, FL

City & State
 Miami Beach, FL

Zip
 33160

Country
 USA

Zip
 33160

Country
 USA

01062008 Chg-LP CR2E003 (12/06)

4. FEI Number
 02-0603188

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, RICHARD C
 C/O PATHMAN LEWIS, LLP
 2 S. BISCAYNE BLVD., SUITE 2400
 MIAMI, FL 33131

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

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

DATE

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

DOCUMENT # PO2000047405
 NAME BEHAR FAMILY, INC.
 STREET ADDRESS 16445 COLLINS AVE., #724
 CITY-ST-ZIP MIAMI BEACH, FL 33160

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 16850-112 Collins Ave #285
 CITY-ST-ZIP Miami Beach, FL 33160

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

600120721246
 03/19/08--01015--014 **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:

Moises Behar

MOISES Behar 1/6/08 305-632-6394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE