

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000737

FILED
May 01, 2007
Secretary of State

Entity Name: ALFA FAMILY LIMITED PARTNERSHIP, LLLP

Current Principal Place of Business:

392 H, GOLFVIEW ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

392 H, GOLFVIEW ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 36-4530137 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CRAWFORD, BRUCE
11467 RIVERWOOD PLACE, 12 OAKS
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: COSTAKOS, DAVID P CO-TRUS
Address: 392 H, GOLFVIEW ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Address:
City-St-Zip:

Document #:

Name: CRAWFORD, BRUCE CO-TRUS
Address: 11467 RIVERWOOD PLACE, 12 OAKS
City-St-Zip: NORTH PALM BEACH, FL 33408

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE CRAWFORD

TRUS

05/01/2007

Electronic Signature of Signing General Partner

Date