


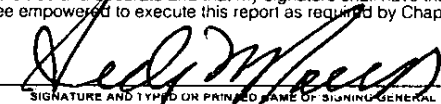
2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000001600 1. Entity Name THE BANACK FAMILY LIMITED PARTNERSHIP						FILED 07 MAY 18 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2045-14TH AVE VERO BEACH, FL 32960				Mailing Address P.O. BOX 1266 VERO BEACH, FL 32961			
2. Principal Place of Business - No P.O. Box # 6125 Atlantic Blvd Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Vero Beach, FL Zip Country 32960 USA				4. FEI Number 20-0383436			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04112007 Chg-LP CR2E003 (12/06)			
6. Name and Address of Current Registered Agent BANACK, SIDNEY M JR 6125 ATLANTIC BLVD. VERO BEACH, FL 32966				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 #	L03000019262			STREET ADDRESS	6125 Atlantic Blvd		
NAME	BANACK GENERAL PARTNER, LLC			CITY-ST-ZIP	Vero Beach, FL 32960		
STREET ADDRESS	2045-14TH AVE			STREET ADDRESS	200103606732		
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP	05/31/07 01025 010 ***500.00		
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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:  4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER