
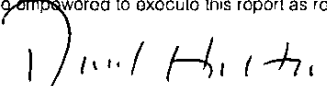


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000001627			
1. Entity Name HALBY LIMITED PARTNERSHIP			
Principal Place of Business 3331 SW 58TH ST FT LAUDERDALE FL 33312		Mailing Address 3331 SW 58TH ST FT LAUDERDALE FL 33312	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0432890		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALBERSTAM, DAVID 3331 SW 58 STREET FT LAUDERDALE FL 33312		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 _____	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
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	
NAME	HALBERSTAM, DONNA	CITY-STATE-ZIP	
STREET ADDRESS	3331 SW 58TH ST		
CITY-STATE-ZIP	FT LAUDERDALE FL 33312		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HALBERSTAM, DAVID	CITY-STATE-ZIP	
STREET ADDRESS	3331 SW 58TH ST		
CITY-STATE-ZIP	FT LAUDERDALE FL 33312		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			
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CITY-STATE-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-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: 		2.6.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		Daytime Phone #	



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE