2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # A0400000114

ELZAWAHRY FAMILY LIMITED PARTNERSHIP

Principal Place of Business

ELZAWAHRY, KAMEL

12. DOCUMENT #

STAPLE CHECK HERE

2202 STATE AVENUE, SUITE 201 PANAMA CITY, FL 32405

2202 STATE AVENUE, SUITE 201 PANAMA CITY, FL 32405

Mailing Address

2202 STATE AVENUE, SUITE 201 PANAMA CITY, FL 32405

FILED Apr 13, 2007 08:00 A Secretary of State



01102007 No Chg-LP DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3073354 Not Applicable \$8.75 Additional

CR2E003 (12/06)

Fee Required

5. Certificate of Status Desired 6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing it the obligations of registered agent.	s registered	office or reg	istered agent	or both, in	the State of Florida.	I am familiar with, and	accept
Slí	GNATURE ————————————————————————————————————	`.	£ 1					
	Signature, typed or printed name of registered agent and little if applicable.						ATE	

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. GENERAL PARTNER INFORMATION

NAME ELZAWAHRY, KAMEL, MD STREET ADDRESS 2202 STATE AVENUE, SUITE 201 CITY - ST - ZIP PANAMA CITY, FL 32405 DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT (NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT (NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

> <u> U000000706442</u> 04/24/07-80032-017 508.75

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 efficit 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

5

SIGNATURE: