

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000442**

1. Entity Name  
**NASSER FAMILY HOLDINGS, LTD.**



Principal Place of Business  
**4917 HIDDEN OAKS TRAIL  
SARASOTA, FL 34232**

Mailing Address  
**4917 HIDDEN OAKS TRAIL  
SARASOTA, FL 34232**



01072007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-1059449</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

**WALTUCH, ROBERT H  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

|                |                               |
|----------------|-------------------------------|
| DOCUMENT #     | <b>P04000047932</b>           |
| NAME           | <b>NASSER FAMILY, INC.</b>    |
| STREET ADDRESS | <b>4917 HIDDEN OAKS TRAIL</b> |
| CITY-ST-ZIP    | <b>SARASOTA, FL 34232</b>     |

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|----------------|--|
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
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| CITY-ST-ZIP    |  |

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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

*Joan D. Nasser*

*Jan 8, 2007*