

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A04218

1. Entity Name
AIBEL BROS. LTD.



Principal Place of Business
**835 BLOOMFIELD AVE
CLIFTON, N.J. 07012**

Mailing Address
**835 BLOOMFIELD AVE
CLIFTON, N.J. 07012**

FILED

07 FEB 26 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01282007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-6228583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AIBEL, JON
10598 N.W. SO. RIVER DR.
MEDLEY, FL, FL 33178**

**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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**AIBEL, ROY H
29-SHOSHONE TRAIL
WAYNE, NJ, 07470**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**AIBEL, FREDRIC L.
33 UNDERWOOD ROAD
MONTVILLE, NJ, 07045**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**AIBEL, JOHN E.
1 RONIA ROAD
MONTVILLE, NJ 07045**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**600089612076
02/27/07--01056--017 **500.00**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Roy H. AIBEL

2/2/07

Date

913-835-4652

Daytime Phone #

STAPLE CHECK HERE