2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Jan 22, 2007 08:00 AM **DOCUMENT # A05000000025 Secretary of State** STRÁNO BROTHERS, LTD. Mailing Address Principal Place of Business P.O. BOX 343064 75 W. PALM DRIVE FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034 01182007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2398651 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ERNST, PHYLLIS** DO NOT WRITE **75 PALM DRIVE** FLORIDA CITY, FL 33034 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 18 \$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 P04000160937 DOCUMENT# STRANG BROTHERS MANAGEMENT CORP. NAME STREET ADDRESS 75 PALM DRIVE U00000598024 01/24/07-80060-011 500.00 CITY-ST-ZIP FLORIDA CITY, FL 33034 DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# STREET ADDRESS CITY-ST-ZIP DOCUMENT#

14. I hereby certify that the information supplied with this filling 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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP