


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000000027 1. Entity Name SIMONS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 3864 SHERIDAN STREET HOLLYWOOD FL 33021	Mailing Address 3864 SHERIDAN STREET HOLLYWOOD FL 33021
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1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 56-2430138	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMONS, DAVID J ESQ 3864 SHERIDAN STREET HOLLYWOOD FL 33021	
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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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	P02000118368	STREET ADDRESS	
NAME	HANDI-SIM, INC.	CITY-STATE-ZIP	000000846996 03/19/08-80001-003 500.00
STREET ADDRESS	3864 SHERIDAN STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL 33021	CITY-STATE-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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CITY-STATE-ZIP		CITY-STATE-ZIP	
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NAME		CITY-STATE-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

STAPLE CHECK HERE

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:  **2/28/2008** **954-963-2225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER