2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007 . •

DOCUMENT # A05000000283

1. Entity Name

NORINE ROBERTS FAMILY LIMITED PARTNERSHIP



FILED Apr 12, 2007 08:00 AM Secretary of State

Principal Place of Business

5900 WOODWIND COURT GREENACRES, FL 33463

Mailing Address

5900 WOODWIND COURT GREENACRES, FL 33463



DO NOT WRITE IN THIS SPACE

02222007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For Not Applied For Status Desired Status Desired Sandal Fee Required

6. Name and Address of Current Registered Agent

KARP, JSOEPH S ESQ. 2875 PGA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33410

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 bits if applicable		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	
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 #	L05000011942	
NAME	ULE, L.L.C.	
STREET ADDRESS	5900 WOODWIND COURT	U0000700627 04/20/07-80026-006 500.00
CITY-ST-ZIP	GREENACRES, FL 33463	04/20/07-80026-006 500.00
DOCUMENT #		
NAME	·	
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS	·	DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT#		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		

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 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:

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

Jorine Roberto LT I

4-9-07

Daytime Phone #