

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000000386 1. Entity Name JULIAN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1777 N.E. 37TH ST FT. LAUDERDALE FL 33334	Mailing Address 1777 N.E. 37TH ST FT. LAUDERDALE FL 33334
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 20-2192609	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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 KLISTON, TODD W 8211 W. BROWARD BLVD., STE. 375 PLANTATION FL 33324
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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 title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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	
DOCUMENT #	P05000008758
NAME	JULIAN HOLDINGS, INC.
STREET ADDRESS	1598 NE 33 STREET
CITY- ST- ZIP	FT. LAUDERDALE FL 33334
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	Unrecorded 02/28/07-20108-016 500.00
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	

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: *Todd Klison* Feb 10 - 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE