


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:32

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04302008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2192609		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLISTON, TODD W 8211 W. BROWARD BLVD., STE. 375 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name <u>Gail A Julian</u> Street Address (P.O. Box Number is Not Acceptable) <u>1777 NE 37 ST</u> City <u>Ft lauderdale</u> FL Zip Code <u>33384</u>
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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 Gail A. Julian Gail A Julian DATE 4/30/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

700130451357
 05/30/08--01007--011 **500.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000008758	STREET ADDRESS	
NAME	JULIAN HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1598 NE 33 STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: Gail A Julian Gail A Julian DATE 4/30/08 Daytime Phone # 954-566-0688

STAPLE CHECK HERE