


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000000467</b> 1. Entity Name AARONSON FAMILY, LTD.	
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Principal Place of Business 111 BANYAN ISLE DR PALM BEACH GARDENS, FL 33418	Mailing Address 111 BANYAN ISLE DR PALM BEACH GARDENS, FL 33418
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04232007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1242967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  LECEL, LARRY 800 W. CYPRESS CREEK RD, STE 470 FT LAUDERDALE, FL 33309
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>
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<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
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12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	AARONSON, LEONARD
STREET ADDRESS	111 BANYAN ISLE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	AARONSON, SHEILA
STREET ADDRESS	111 BANYAN ISLE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>U000000735365 05/10/07-80031-002 500.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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
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<b>SIGNATURE:</b> <u>Sheila Aaronson SHEILA AARONSON GP 4.24.7 954 4938900</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>
<small>Date</small> <u>4.24.7</u> <small>Daytime Phone #</small> <u>954 4938900</u>