


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A05000000520		
1. Entity Name MADANY & AKRUK, LLLP		
Principal Place of Business 980 CAPE MARCO DRIVE, MONTEREY BLDG., #908 MARCO ISLAND, FL 34145		Mailing Address 72 MAPLE LANE NEWTOWN, PA 18940

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JUL 18 PM 1:36



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07052007	Chg-LP	CR2E003 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State NEWTOWN PA		4. FEI Number 20-2502872	Applied For Not Applicable	
Zip	Country	Zip 18940	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAVATORI & WOOD, P.A. 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES, FL 34103		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	MADANY, BAHIJ H M.D. 72 MAPLE LNE NEWTOWN, PA 18940	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #	AKRUK, SAMIR R M.D. 539 ASPEN WOODS DRIVE YARDLEY, PA 190676314	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			

BLT
500106488499
07/20/07--01032--016 **500.00

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: *Bahij H. Madany* **Bahij Madany** *7/5/07* *215-968-4439*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA