


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

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # A05000000900 1. Entity Name MM&E SCHUSTER FAMILY LTD. PARTNERSHIP	
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Principal Place of Business 20 ISLAND AVE., UNIT 1017 MIAMI BEACH FL 33139	Mailing Address 20 ISLAND AVE., UNIT 1017 MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 20-2821562	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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1st MOORE CR2E003 (10/06)



6. Name and Address of Current Registered Agent SCHUSTER, MARIA 20 ISLAND AVE., UNIT 1017 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000044951	STREET ADDRESS	
NAME	MM&E SCHUSTER INVESTMENT, LLC	CITY- ST- ZIP	
STREET ADDRESS	20 ISLAND AVE., UNIT 1017		
CITY- ST- ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	000000696470
NAME		CITY- ST- ZIP	04/17/07-80102-001 500.00
STREET ADDRESS			
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NAME		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: *Maria Schuster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/07
Date

312 498-2037
Daytime Phone #

STAPLE CHECK HERE