2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 AM Secretary of State

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BRANMARK FAMILY LTD.



Principal Place of Business

1112 WESTON ROAD WESTON, FL 33326

Mailing Address P.O. BOX 226

WESTON, FL 33326



04262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3113018

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B ESQ C/O GREENSPOON MARDER HIRSCHFELD RAFKIN RO 2021 TYLER STREET HOLLYWOOD, FL 33020

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| | named entity submits this statement for the purpose of changing its reions of registered agent. | gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | | |
|---|---|---|--|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | | | | | | | | |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0 | 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 | | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | BRIAN M. KOSLOW AND MERYL J. KOSLOW, AS TE 1112 WESTON ROAD WESTON, FL 33326 | | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | U00000747852 05/17/07-80041-022 500.00 | | | | | | |

14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #