

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

**FILED**

2007 APR 17 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A05000001696</b>		
1. Entity Name MINDFUL EMPLOYEE LIMITED PARTNERSHIP		

Principal Place of Business 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467	Mailing Address 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467
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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

04042007 Chg-LP CR2E003 (12/06)

4. FEI Number 75-3200332	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
COLMAN, NANCY B ESQ C/O BARITZ & COLMAN LLP 150 EAST PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432	

7. Name and Address of New Registered Agent	
Name <u>NANCY B. COLMAN ESQ.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>40 BARITZ &amp; COLMAN LLP</u>	
<u>1075 BROKEN SOUND PARKWAY, NE</u>	
City <u>STE 102</u> <u>BOCA RATON</u>	State <u>FL</u> Zip Code <u>33487</u>

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 _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	L05000120801	STREET ADDRESS	
NAME	MINDFUL EMPLOYEE, LLC	CITY-ST-ZIP	
STREET ADDRESS	8135 LAKE WORTH ROAD, SUITE B		
CITY-ST-ZIP	LAKE WORTH, FL 33467		
DOCUMENT #		STREET ADDRESS	<b>400101614674</b>
NAME		CITY-ST-ZIP	<b>05/04/07--01046--018 **508.75</b>
STREET ADDRESS			
CITY-ST-ZIP			
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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: _____	Date <u>4/11/07</u>	Day Phone # <u>561-357-0121</u>
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STAPLE CHECK HERE