ឺ2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A05000001934

WHITTAKER FAMILY LIMITED PARTNERSHIP



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

15251 NE 18TH AVENUE

15251 NE 18TH AVENUE

DO NOT WRITE IN THIS SPACE

NORTH MIAMI BEACH, FL 33162

NORTH MIAMI BEACH, FL 33162



04082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3827728 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITTAKER, LAURIE S ESQ. 15251 NE 18TH AVENUE

NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

			AND THE REPORT OF THE PARTY OF
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 -			
Signature, typed or printed name of registered agent and title if applicable.			DATE
FILE NOW!!! FEE 1S \$500.00 After May 1, 2008, 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	To the last	自1996 · 阿斯里斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯
DOCUMENT /			
NAME	WHITTAKER, HELEN	and the same and the same	
STREET ADDRESS	12000 N. BAYSHORE DRIVE, #108		
CHY-S1-ZIP	N. MIAMI, FL 33181		

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STHEET ADDRESS CHY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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:

CiTY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #