

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000100

1. Entity Name
SAIZEL LIMITED PARTNERSHIP



Principal Place of Business
**5210 LINTON BLVD., SUITE 105
DELRAY BEACH, FL 33484**

Mailing Address
**5210 LINTON BLVD., SUITE 105
DELRAY BEACH, FL 33484**

FILED

2007 APR -3 AM 11:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03252007 Chg-LP CR2E003 (12/06)

4. FEI Number

20-4262039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, DAVID A M.D.
5210 LINTON BLVD., SUITE 105
DELRAY BEACH, FL 33484**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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

DOCUMENT # **P06000007303**
NAME **DBS BROTHERS CORP.**
STREET ADDRESS **5210 LINTON BLVD., SUITE 105**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID A. SCOTT, MD

3/26/07

Date

561 496 1160

Daytime Phone #

STATE USE ONLY HERE