

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 JAN 31 AM 9:46

**DOCUMENT # A06000000350**

1. Entity Name  
 S&L COMPANIES, LTD



Principal Place of Business  
 4411 BEACON CIRCLE  
 SUITE 2C  
 WEST PALM BEACH, FL 33407

Mailing Address  
 4411 BEACON CIRCLE  
 SUITE 2C  
 WEST PALM BEACH, FL 33407



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

01262007 Chg-LP CR2E003 (12/06)

4. FEI Number

20-4462304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABED, LOUIS  
 5161 WILLOW POND RD WEST  
 WEST PALM BEACH, FL 33417

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000107468  
 NAME S&L COMPANIES, INC.  
 STREET ADDRESS 5161 WILLOW POND RD WEST  
 CITY-ST-ZIP WEST PALM BEACH, FL 33417

STREET ADDRESS 4411 Beacon Circle Suite 2C  
 CITY-ST-ZIP West Palm Beach FL 33407

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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DOCUMENT #  
 NAME  
 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:

*Louis Abed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan 26, 2007 (561) 863-5894

Date

Daytime Phone #

STAPLE CHECK HERE