

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000364

FILED
May 29, 2007
Secretary of State

Entity Name: THE MDS FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

19111 COLLINS AVE., APT. 904
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

19111 COLLINS AVE., APT. 904
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALAMA, SAMUEL
19111 COLLINS AVE., APT. 904
SUNNY ISLES, FL 33160 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:
Name: SALAMA, SAMUEL
Address: 19111 COLLINS AVE., APT. 904
City-St-Zip: SUNNY ISLES, FL 33160

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL SALAMA

GP

05/29/2007

Electronic Signature of Signing General Partner

Date