

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

|                                            |  |                                                                                   |
|--------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # <b>A06000000710</b>             |  |  |
| 1. Entity Name<br><b>ENTEL FAMILY LLLP</b> |  |                                                                                   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:54



|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>521 MANDALAY AVE., #902<br/>CLEARWATER FL 33767</b> | Mailing Address<br><b>521 MANDALAY AVE., #902<br/>CLEARWATER FL 33767</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

1st MOORE CR2E003 (10/06)

|                                  |                                                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------|
| 4. FEI Number                    | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |

|                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ENTEL, ROBERT M.D.<br/>521 MANDALAY AVE., #902<br/>CLEARWATER FL 33767</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |             |
|----------------------------------------------------|-------------|
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

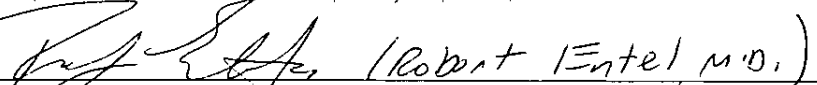
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #                      | NAME                     | STREET ADDRESS           |  |
| NAME                            | ENTEL, ROBERT M.D.       | CITY - ST - ZIP          |                                                                                       |
| STREET ADDRESS                  | 521 MANDALAY AVE., #902  |                          |                                                                                       |
| CITY - ST - ZIP                 | CLEARWATER FL 33767      |                          |                                                                                       |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |                                                                                       |
| NAME                            | ENTEL, IRWIN L           | CITY - ST - ZIP          |                                                                                       |
| STREET ADDRESS                  | 1634 SANTA BARBARA DRIVE |                          |                                                                                       |
| CITY - ST - ZIP                 | DUNEDIN FL 34698         |                          |                                                                                       |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |                                                                                       |
| NAME                            |                          | CITY - ST - ZIP          |                                                                                       |
| STREET ADDRESS                  |                          |                          |                                                                                       |
| CITY - ST - ZIP                 |                          |                          |                                                                                       |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |                                                                                       |
| NAME                            |                          | CITY - ST - ZIP          |                                                                                       |
| STREET ADDRESS                  |                          |                          |                                                                                       |
| CITY - ST - ZIP                 |                          |                          |                                                                                       |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |                                                                                       |
| NAME                            |                          | CITY - ST - ZIP          |                                                                                       |
| STREET ADDRESS                  |                          |                          |                                                                                       |
| CITY - ST - ZIP                 |                          |                          |                                                                                       |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |                                                                                       |
| NAME                            |                          | CITY - ST - ZIP          |                                                                                       |
| STREET ADDRESS                  |                          |                          |                                                                                       |
| CITY - ST - ZIP                 |                          |                          |                                                                                       |

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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:  (Robert Entel, M.D.) 1/27/07 (727) 5013477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE