

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000811

**FILED**  
**Mar 05, 2007**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA ORTHOPAEDIC AND PAIN MANAGEMENT LIMITED

**Current Principal Place of Business:**

301 CAMINO GARDENS BOULEVARD  
SUITE 201  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 CAMINO GARDENS BOULEVARD  
SUITE 201  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 20-5063582      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEONHARDT, SUSAN A  
3601 S. OCEAN BOULEVARD  
#104  
SOUTH PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

ESCOBAR, XAVIER  
301 CAMINO GARDENS BOULEVARD  
#201  
BOCA RATON, FL 33432 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: XAVIER ESCOBAR

03/05/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L06000011370  
Name: KATZMAN'S ARMS, ANTIQUES AND FURNISHINGS  
Address: 2401 FRIST BOULEVARD, SUITE 7  
City-St-Zip: FORT PIERCE, FL 34950 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: XAVIER ESCOBAR

PRES

03/05/2007

Electronic Signature of Signing General Partner

Date