


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:41

DOCUMENT # A06000001279 1. Entity Name HOWARD M. KNASTER FAMILY, LTD.					
Principal Place of Business 800 W. CYPRESS CREEK ROAD, SUITE 465 FORT LAUDERDALE, FL 33309			Mailing Address 800 W. CYPRESS CREEK ROAD, SUITE 465 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0610361	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W. CYPRESS CREEK ROAD, STE. 470 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK ROAD, STE. 465 City FORT LAUDERDALE FL Zip Code 33309	
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 <u><i>Larry Legel</i></u> DATE <u>4.29.8</u> <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 #	L07000048142		STREET ADDRESS	700128363117 05/05/08 01015 015 **500.00	
NAME	COCONUT CREEK HOLDINGS, LLC		CITY-ST-ZIP		
STREET ADDRESS	800 W. CYPRESS CREEK ROAD, SUITE 465		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <u><i>Larry Legel</i></u> LARRY LEGEL Mg Memb			Date: <u>4.29.8</u> Daytime Phone #: <u>9544938900</u>		

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