


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

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001322	
1. Entity Name PICO FAMILY TREE, LTD.	

Principal Place of Business 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484	Mailing Address 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 520 Brickell Key Drive
Suite, Apt. #, etc.	Suite 0-305

03192007 Chg-LP CR2E003 (12/06)

City & State Miami, FL	4. FEI Number 20-8807111	Applied For Not Applicable
---------------------------	-----------------------------	-------------------------------

Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--------------	----------------	---	--------------------------------

6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484	
---	--

7. Name and Address of New Registered Agent Transglobal Corporate Administration LLC 520 Brickell Key Drive Suite 0-305 Miami, FL 33131	
---	--

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: *Jose Alvarez* DATE: 04/03/07

**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	
DOCUMENT #	L06000110288
NAME	THREE DAUGHTERS, LLC
STREET ADDRESS	5647 VIA DE LA PLATA CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

04/24/07--01052--011--**500.00

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: *Jose Alvarez* DATE: 3-29-2007 305-374-3800

STAPLE CHECK HERE