

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

**FILED**

2007 APR 30 AM 10:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03262007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A06000001413</b>				
1. Entity Name EDWARD W EASTON FAMILY LTD.				
Principal Place of Business 10165 NW 19TH STREET MIAMI, FL 33172		Mailing Address 10165 NW 19TH STREET MIAMI, FL 33172		
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	
4. FEI Number <b>65-0883501</b>				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
EASTON, EDWARD W 10165 NW 19TH STREET MIAMI, FL 33172			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	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.				
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>				
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	L07000010628		STREET ADDRESS	
NAME	EDWARD W. EASTON FAMILY MANAGEMENT, LLC		CITY-ST-ZIP	
STREET ADDRESS	10165 NW 19TH STREET			
CITY-ST-ZIP	MIAMI, FL 33172			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
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:		Edward W Easton 3/26/07 305 599 2222		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #	

STAPLE CHECK HERE

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