

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILL
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PM 2:54

DOCUMENT # A06000001552

1. Entity Name
 SAMET FAMILY PARTNERSHIP, L.P.



Principal Place of Business
 4300 ALTON ROAD, SUITE 208
 MIAMI BEACH, FL 33140

Mailing Address
 4300 ALTON ROAD, SUITE 208
 MIAMI BEACH, FL 33140



2. Principal Place of Business - No P.O. Box #
 5951 ALTON ROAD
 Suite, Apt. #, etc.

3. Mailing Address
 5951 ALTON ROAD
 Suite, Apt. #, etc.

07032007 Chg-LP CR2E003 (12/06)

City & State
 MIAMI BEACH, FL
 Zip
 33140-2024

City & State
 MIAMI BEACH, FL
 Zip
 33140-2024

4. FEI Number
 52-2007096
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S
 7301 SW 57 COURT, SUITE 560
 SOUTH MIAMI, FL 33143

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 \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	
NAME	SAMET, GERALD H
STREET ADDRESS	4553 STERN AVE.
CITY-ST-ZIP	SHERMAN OAKS, CA 91423
DOCUMENT #	
NAME	SAMET DZIEKANSKI, JOAN
STREET ADDRESS	101 W. 23RD STREET, APT. 2L
CITY-ST-ZIP	NEW YORK, NY 10011
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	

BLT

400106631324
 07/24/07--01042--001 **900.00

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/9/07
 Date Daytime Phone #

STAPLE CHECK HERE