


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Feb 11, 2008 08:00 AM
Secretary of State**


DOCUMENT # A06000001552

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



Principal Place of Business 5951 ALTON ROAD MIAMI BEACH, FL 33140-2024	Mailing Address 5951 ALTON ROAD MIAMI BEACH, FL 33140-2024
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-LP CR2E003 (12/06)

4. FEI Number 52-2007096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 \$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

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	

U00000823584
02/20/08-80044-009 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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]* **2/6/08** **305-666-1090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #