

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**



02062008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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
STREET ADDRESS
CITY-ST-ZIP
**SAMET, GERALD H
4553 STERN AVE.
SHERMAN OAKS, CA 91423**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAMET DZIEKANSKI, JOAN
101 W. 23RD STREET, APT. 2L
NEW YORK, NY 10011**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000823564
02/20/08-80044-009 500.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/08
Date

305-666-1040
Daytime Phone #

STAPLE CHECK HERE