

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED

08 JUL 18 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A07000000809*	
1. Entity Name NIZEL FAMILY INVESTMENTS, LLLP	



Principal Place of Business 19830 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33179	Mailing Address 19830 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33179
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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

06262008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0401747	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
NIZEL, DAVID EVAN 19830 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33179	

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 \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L07000065148	STREET ADDRESS	
NAME	NIZEL FAMILY MANAGEMENT, LLC	CITY - ST - ZIP	
STREET ADDRESS	19830 N.E. 19TH AVENUE		
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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07/16/08 01003-010 **SUB. F

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: David Nizel DAVID NIZEL 6/26/08 305-932-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #