

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:59

DOCUMENT #A07000001437		
1. Entity Name BERKMAN FAMILY LIMITED PARTNERSHIP		

Principal Place of Business
**3401 SOUTH BEACH DRIVE
 TAMPA, FL 33629**

Mailing Address
**3401 SOUTH BEACH DRIVE
 TAMPA, FL 33629**

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

03052008 Chg-LP CR2E003 (12/06)

4. FEI Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BERKMAN, MONROE E
 3401 SOUTH BEACH DRIVE
 TAMPA, FL 33629**

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

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

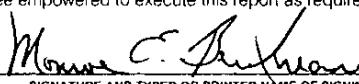
DATE

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BERKMAN, KIRSTEN S 7 EAST 14TH STREET, APT. 92-B NEW YORK, NY 10003	STREET ADDRESS	
NAME		CITY - ST - ZIP	04/08/08-01023-017 **500.00
STREET ADDRESS			
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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:  **Monroe E. Berkman** 3/30/08 (813)835-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE