

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A10867	
1. Entity Name STUZIN FAMILY PARTNERSHIP, LTD	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 24 AM 8:18



Principal Place of Business 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES FL 33134	Mailing Address 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES FL 33134
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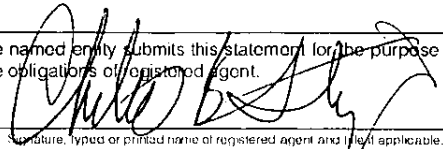
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 800 DOUGLAS ROAD-SUITE 500	3. Mailing Address Suite, Apt. #, etc. 800 DOUGLAS ROAD-SUITE 500
City & State CORAL GABLES, FL. 33134	City & State CORAL GABLES, FL. 33134
Zip 33134	Country US

1st MOORE CR2E003 (10/06)

4. FEI Number 59-2106253	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STUZIN, CHARLES B. 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 DOUGLAS ROAD-SUITE 500 City CORAL GABLES, FL 33134
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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.

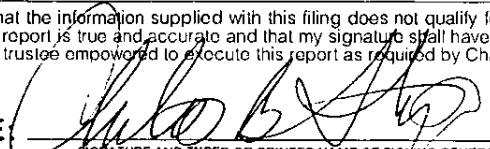
SIGNATURE  DATE **1/18/07**

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY- ST- ZIP	P00000111376 STUZIN ENTERPRISES, INC. 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES FL 33134	STREET ADDRESS CITY- ST- ZIP	800 DOUGLAS ROAD-SUITE 500 CORAL GABLES, FL. 33134
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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  DATE **1/18/07** (305) 774-0454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE