


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A18679</b> 1. Entity Name <b>WAKSTEIN LIMITED</b>	
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Principal Place of Business <b>204-A ELLEN LANE PANAMA CITY, FL 32408-5830</b>	Mailing Address <b>204-A ELLEN LANE PANAMA CITY, FL 32408-5830</b>
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-2438612</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WAKSTEIN, GARY  
204-A ELLEN LANE  
PANAMA CITY BEACH, FL 32408**

**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, 2007, 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	<b>WAKSTEIN, HERMAN</b>
STREET ADDRESS	<b>2693 ISLAND VIEW DR</b>
CITY-ST-ZIP	<b>PANAMA CITY, FL</b>
DOCUMENT #	
NAME	<b>WAKSTEIN, GARY</b>
STREET ADDRESS	<b>204 A ELLEN LANE</b>
CITY-ST-ZIP	<b>PANAMA CITY BCH, FL 32408</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/13/07-80038-005 500.00

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:**  **4/2/07** **850-234-6112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE