


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

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

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|--|--|--|---|
| <b>DOCUMENT # A29686</b><br>1. Entity Name<br><b>PRUSAN/SELTZER PARTNERS LIMITED PARTNERSHIP</b>   |  |   |   |
| Principal Place of Business<br><b>3507 OAKS WAY, APT. 204<br/>POMPANO BEACH FL 33069</b>   |  | Mailing Address<br><b>3507 OAKS WAY, APT. 204<br/>POMPANO BEACH FL 33069</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |
| City & State<br>Zip Country  |  | City & State<br>Zip Country  |   |
| 4. FEI Number<br><b>65-0169402</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |   |
| 6. Name and Address of Current Registered Agent<br><b>PRUSAN, MILTON<br/>3507 OAKS WAY, APT. 204<br/>POMPANO BEACH FL 33069</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  | DATE _____   |   |
| <b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>  |  |  |   |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |  |   |
| 12. GENERAL PARTNER INFORMATION  |  | 13. ADDRESS CHANGES ONLY   |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRUSAN, MILTON<br/>3507 OAKS WAY, APT. 204<br/>POMPANO BEACH FL</b> | STREET ADDRESS<br>CITY-ST-ZIP  | <b>000000700713<br/>04/20/07-80030-009 500.00</b> |
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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: <i>Milton Prusan</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |  | Date <i>MILTON PRUSAN-6-07</i> 954-975-6912<br>Daytime Phone #   |   |



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