2007 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2007 Jan 11, 2007 08:00 AN **DOCUMENT # A29687 Secretary of State** 1. Entity Name THE RICHARD L. FEIN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 11408 OHANA CIR. 11408 OHANA CIR. BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 01032007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0189732 \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANK J. RIEF, III DO NOT WRITE **RIEF & STRAS** 442 W. KENNEDY BLVD., SUITE 340 IN THIS SPACE **TAMPA, FL 33606** 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 primed name of registered agent and title if applicable DATE 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. GENERAL PARTNER INFORMATION 12. **DOCUMENT &** NAME FEIN, RICHARD L. //00000582076 nr/17/07-80017-018 500.00 11408 OHANA CIRCLE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 DOCUMENT # NAME STREET ADDRESS C31Y-ST-21P DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CRTY-ST-ZIP IN THIS SPACE DOCUMENT # MAME STREET ADDRESS CTTY-ST-20P DOCUMENT

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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/4/07 561-7389736