


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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31633</b> 1. Entity Name SAMUEL-JEAN ENTERPRISES, LTD.	
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Principal Place of Business 161 BATHCLUB CIRCLE SOUTH NORTH REDINGTON BEACH, FL 33708	Mailing Address P.O. BOX 767 KANKAKEE, IL 60901
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3072151	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  AZZARELLI, SAMUEL J. 161 BATHCLUB CIRCLE SOUTH NORTH REDINGTON BEACH, FL 33708	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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 STREET ADDRESS CITY - ST - ZIP	AZZARELLI, SAMUEL J. 161 BATHCLUB CIRCLE SOUTH NORTH REDINGTON BEACH, FL 33708
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	AZZARELLI, JEAN T. 161 BATHCLUB CIRCLE SOUTH NORTH REDINGTON BEACH, FL 33708
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**DO NOT WRITE IN THIS SPACE**

U00000747763  
05/17/07-80039-002 500.00

STAPLE CHECK HERE

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

<b>SIGNATURE:</b> <i>Sam J. Azzarelli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>4-25-2007</b> <small>Date</small>	<b>815-932-8700</b> <small>Daytime Phone #</small>
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