


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A33477</b>	
1. Entity Name MEZRAH FAMILY ENTERPRISES, LTD.	

Principal Place of Business 5007 SAN MIGUEL TAMPA, FL 33629	Mailing Address 501 E. KENNEDY BLVD. #1700 TAMPA, FL 33602
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03252008 No Chg-LP      CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**


4. FEI Number 59-3145583	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

MEZRAH, JACK M.  
5007 SAN MIGUEL  
TAMPA, FL 33629

**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 4-8-08

Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**


000000890591  
04/22/08-80100-022 500.00

**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	MEZRAH, JACK M. 5007 SAN MIGUEL TAMPA, FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MEZRAH, AMIEE S. 5007 SAN MIGUEL TAMPA, FL
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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 4-8-08      Daytime Phone # 8132548386

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

STATE OF FLORIDA