


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

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A92000000180</b><br>1. Entity Name<br>3040 N 29TH AVENUE, LTD. |  |
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|  |  |
|--|--|
| Principal Place of Business<br>3040 NORTH 29TH AVENUE<br>HOLLYWOOD, FL 33020 | Mailing Address<br>3040 NORTH 29TH AVENUE<br>HOLLYWOOD, FL 33020 |
|--|--|



01172007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>65-0375227                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>SCHNEIDER, ROBERT<br>3040 N 29TH AVENUE<br>HOLLYWOOD, FL 33020 |
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|                                       |
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| <b>DO NOT WRITE<br/>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 \_\_\_\_\_ DATE 01/24/07-80056-022 500.00

**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 #                      | 264290                         |
| NAME                            | ATLAS PEN & PENCIL CORPORATION |
| STREET ADDRESS                  | 3040 N 29TH AVENUE             |
| CITY-ST-ZIP                     | HOLLYWOOD, FL 33020            |
| DOCUMENT #                      |                                |
| NAME                            |                                |
| STREET ADDRESS                  |                                |
| CITY-ST-ZIP                     |                                |
| DOCUMENT #                      |                                |
| NAME                            |                                |
| STREET ADDRESS                  |                                |
| CITY-ST-ZIP                     |                                |
| DOCUMENT #                      |                                |
| NAME                            |                                |
| STREET ADDRESS                  |                                |
| CITY-ST-ZIP                     |                                |

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| <b>DO NOT WRITE<br/>IN THIS SPACE</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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/07  
Date

954 920-4444  
Daytime Phone #

STAPLE CHECK HERE