


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

**FILED**

2007 APR 30 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000789	
1. Entity Name MARLIN FAMILY, LTD.	

Principal Place of Business 11921 SOUTH DIXIE HIGHWAY, SUITE 202 MIAMI, FL 33156	Mailing Address 11921 SOUTH DIXIE HIGHWAY, SUITE 202 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0455215		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUSANO, LEONARD M CPA PA 1860 N PINE ISLAND ROAD SUITE 113 PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name <u>IRA M. HERSCHBEIN, CPA, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>7777 Glades Road #209</u> City <u>BOCA RATON</u> FL Zip Code <u>33434</u>	
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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: IRA M. HERSCHBEIN, CPA 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000017539 MARLIN MANAGEMENT, L.L.C. 11921 SOUTH DIXIE HIGHWAY, SUITE 202 MIAMI, FL 33156	STREET ADDRESS CITY-ST-ZIP	
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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] 4-17-07 305-255-2747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE