


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED  
Mar 05, 2007 08:00 A  
Secretary of State**

**DOCUMENT # A93000001169**  
1. Entity Name  
**KRICKSTEIN PARTNERS LTD.**



Principal Place of Business      Mailing Address  
**7559 FAIRMONT COURT      7559 FAIRMONT COURT  
BOCA RATON FL 33496      BOCA RATON FL 33496**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E003 (10/06)

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0453192**      Not Applicable  
5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**GLASSER, GENE K  
C/O ABRAMS, ANTON, ROBBINS, ET AL  
2021 TYLER STREET  
HOLLYWOOD FL 33022**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	<b>KRICKSTEIN, HERBERT I 7559 FAIRMONT COURT BOCA RATON FL 33496</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>KRICKSTEIN, EVELYN 7559 FAIRMONT COURT BOCA RATON FL 33496</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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03/14/07-80027-005 500.00

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.  
**SIGNATURE:** *Herbert Krickstein M.D.*      *Herbert Krickstein M.D.*      **3/1/07**      **561-482-0090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #