

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A93000001279

1. Entity Name
FOUR SISTERS MANAGEMENT SYSTEMS, LTD.



Principal Place of Business
ATTN: LAWRENCE J. KALES, DPM
7117 S.R. 52
HUDSON, FL 33567

Mailing Address
ATTN: LAWRENCE J. KALES, DPM
7117 S.R. 52
HUDSON, FL 33567

FILED

2007 APR 15 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0454114	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
C/O KRAMER, GREEN, ET AL
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD, FL 33021

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

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

DOCUMENT #	
NAME	KALES, LAWRENCE J
STREET ADDRESS	7117 S.R. 52
CITY-ST-ZIP	HUDSON, FL 33567

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CITY-ST-ZIP	

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300096504973
04/11/07--01038--002 **500.00

DO NOT WRITE
IN THIS SPACE

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

Date _____ Daytime Phone # _____