

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

DOCUMENT # A94000000172	
1. Entity Name BAROCAS FAMILY LIMITED PARTNERSHIP	



Principal Place of Business 300 THREE ISLANDS BOULEVARD HALLANDALE, FL 33009	Mailing Address 300 THREE ISLANDS BOULEVARD HALLANDALE, FL 33009
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03142008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0461415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DOLCHIN, STEVEN B ESQ. THE OAKS, SUITE 202-B 4330 SHERIDAN STREET HOLLYWOOD, FL 33021	

7. Name and Address of New Registered Agent	
Name Steven B. Dolchin, PA	
Street Address (P.O. Box Number is Not Acceptable) Emerald Village Professional Plaza	
3864 Sheridan Street	
City Hollywood	FL Zip Code 33021

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 4/11/08

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	BAROCAS, ROSE	STREET ADDRESS	
NAME	300 THREE ISLANDS BOULEVARD	CITY-ST-ZIP	600123942476 04/17/08--01057--018 **500.00
STREET ADDRESS	HALLANDALE, FL 33009		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:	ROSE Barocas	4-6-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date
		Daytime Phone #

STAPLE CHECK HERE