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

## DOCUMENT # A9400000863

1. Entity Name

KEENAN FAMILY LIMITED PARTNERSHIP



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

1900 WEST COMMERCIAL BLVD.

SUITE 200

FT. LAUDERDALE, FL 33309

Mailing Address

1900 WEST COMMERCIAL BLVD.

SUITE 200

FT. LAUDERDALE, FL 33309



DATE

DO NOT WRITE IN THIS SPACE

04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0542210

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

BOYLE, CONRAD J ESQUIRE 500 E. BROWARD BLVD., #1950 FT. LAUDERDALE, FL 33394

## DO NOT WRITE 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	

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.

	NOTE: General Partners MAY NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT#	J20149	
	NAME	KEENAN PROPERTIES, INC.	
	STREET ADDRESS	1900 WEST COMMERICIAL BLVD, #200	
	CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
	DOCUMENT <b>#</b>		
-	NAME.		
1	STREET ADDRESS		
-1	CITY-ST-ZIP		
	DOCUMENT #		
ļ	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	DOCUMENT #		
	NAME		
	STREET ADDRESS		
뷬	CITY-ST-ZIP		
STAFLE CHECK HERE	DOCUMENT #		
۱ڋ	NAME		
ξĺ	STREET ADDRESS		
ا ر	CITY+ST+ZIP		
<u>;</u> [	DOCUMENT #		
-	NAME		
<u>"</u>	STREET ADDRESS		
	CITY-SI-ZIP		

U00000752932 05/21/07-80037-022 500.00

## 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:

SNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL

94-24-2007

+ 954-776-620

Date

Daytime Phone #