

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001194

**FILED**  
**Jan 19, 2007**  
**Secretary of State**

**Entity Name:** EAST COAST FAMILY PARTNERS, LTD.

**Current Principal Place of Business:**

C/O M. AXMAN  
2525 PONCE DE LEON BLVD., SUITE 400  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O M. AXMAN  
2525 PONCE DE LEON BLVD., SUITE 400  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0527595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AXMAN, MICHAEL B ESQ  
2525 PONCE DE LEON BLVD #400  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: 167052  
Name: EAST COAST REALTY CORP  
Address: 2525 PONCE DE LEON BLVD #400  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EAST COAST REALTY CORP

GP

01/19/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date