

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

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001473**

1. Entity Name  
**M.D.P. PARK AVENUE FAMILY, LIMITED**



Principal Place of Business

**C/O MOSHE PELLI  
1140 WASHINGTON AVE  
WINTER PARK, FL 32789**

Mailing Address

**C/O MOSHE PELLI  
1140 WASHINGTON AVE  
WINTER PARK, FL 32789**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**08-3321724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PELLI, MOSHE  
1140 WASHINGTON AVENUE  
WINTER PARK, FL 32789**

**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.

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

STREET ADDRESS

CITY-ST-ZIP

**PELLI, MOSHE**

**1140 WASHINGTON AVENUE**

**WINTER PARK, FL 32789**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**PELLI, DALIA**

**1140 WASHINGTON AVENUE**

**WINTER PARK, FL 32789**

DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

U00000684528  
04/06/07-80032-029 500.00

**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 #

STAPLE CHECK HERE