


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

| | |
|---|---|
| DOCUMENT #A94000001480 1. Entity Name THE EDITH A. BERLIN FAMILY LIMITED PARTNERSHIP #1 |  |
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|---|---|
| Principal Place of Business 7167 VIA PALOMAR BOCA RATON, FL 33433 | Mailing Address 7167 VIA PALOMAR BOCA RATON, FL 33433 |
|---|---|

DO NOT WRITE IN THIS SPACE



04062007 No Chg-LP

CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0531109 | Applied For Not Applicable |
| 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 BERLIN, EDITH A 7167 VIA PALOMAR BOCA RATON, FL 33433 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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|--|--|
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | |
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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 | BERLIN, EDITH A TRUSTEE |
| STREET ADDRESS | 7167 VIA PALOMAR |
| CITY-ST-ZIP | BOCA RATON, FL 33433 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000752633
05/21/07-80023-025: 500.00

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: Edith A. Berlin, Trustee, L.P. 4/7/07 561393-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE