2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000000336

1. Entity Name ESTEIN & ASSOCIATES LAS VEGAS, LTD.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

% ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 Mailing Address

% ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819



04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3308674

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR 5211 INTERNATONAL DRIVE ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its tions of registered agent.	s registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$90	0.00
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	City of the Control o
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P95000018697 G.P. ESTEIN LAS VEGAS CORPORATION 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		U00000739388 05/14/07-80025-011 500.00
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME		a = a + a + a + a + a + a + a + a + a +

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/07

(401)354-3307

Daytime Phone