

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A95000000599</b> 1. Entity Name <b>THE FRIEDMAN FAMILY LIMITED PARTNERSHIP</b>	
----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134</b>	Mailing Address <b>2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134</b>
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/07)

4. FEI Number <b>65-0567819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>FRIEDMAN, GARY A 2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_

**FILE NOW!!! Fee is \$500.. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FRIEDMAN, GARY A	STREET ADDRESS	
NAME	2600 DOUGLAS ROAD, SUITE 1011	CITY - ST - ZIP	000000854330 03/27/08-80003-016 500.00
STREET ADDRESS	CORAL GABLES FL 33134		
CITY - ST - ZIP			
DOCUMENT #	FRIEDMAN, LISA E	STREET ADDRESS	
NAME	2600 DOUGLAS ROAD, SUITE 1011	CITY - ST - ZIP	
STREET ADDRESS	CORAL GABLES FL 33134		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:**  **3/6/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER