.2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

	DUE BY SEP	TEMBER 5,.20	07	• •			
DOCUMENT # A9500000645 1. Entity Name WEINER FAMILY LIMITED PARTNERSHIP # 1					FILED		
WEINER	FAMILY LIMITED PARTNI	ERSHIP # 1			2007 AUG -8 AM 10: 29		
Principal Pla	ce of Business	Mailing Address			SECRETARY OF STATE		
3210 S OCEAN BLVD		3210 S OCEAN BLVD			TALLAHASSEE, FLORIDA		
#301 HIGHLAND	BEACH FL 33487	#301 HIGHLAND BEACH FL 33487					
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Ap	i. #, etc.	Suite, Apt. #, etc.			2nd MOORE CR2E003 (4/07)	
City & St	ate	City & State			4. FEI Number 65-0497699	Applied For Not Applicable	
Zip	Country	Zip	Coun	try		.75 Additional Required	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New Registered Age	nt	
\A/E	WEINER FAMILY HOLDING CORP.				Name		
32	IO S OCEAN BLVD	CORF.	Street Address (I		P.O. Box Number is Not Acceptable)		
#30 HIC)1 3HLAND BEACH FL 33487	,					
	FIGURAL BEACHTE 33407			Cily FL Zip Code			
8. The abov	e named entity submits this staterne	e named entity submits this statement for the purpose of changing its register		ered office or reais			
	n the State of Florida. I am familiar with, and accept the obligations of registered agent.			check .	3.607.193(2)(b), F.S., allo		
SIGNATURE	GNATURE			\$50	the limited partnership	-	
1 *** *********************************	Signature, typico or printed name of registered a	The second second second	· ·	DATE	receive prior notice. Fe	e to file is: \$500.00.	
,	File Now!!! Fee is	\$900.00 • Due B	y Septe	ember 5, 20	07		
					TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partne		
12.		NER INFORMATION	13.	i, an amenumer	ADDRESS CHANGES ONLY		
DOCUMENT #	1 3 70000 4000		SIPI	ET ADDRESS		101	
NAME STREET ADDRESS	WEINER FAMILY HOLDING CO	PRP.	1		·		
CITY-ST-ZIP	3210 S OCEAN BLVD #301 HIGHLAND BEACH FL 33487		CITY	-ST-ZfP	•	10	
DOCUMENT #	Make 1		STRE	ET ADDRESS	[8082 <u>-48.00 (1.22) </u>	111 25	
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DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZIP			
indicate	certify that the information supplied d on this report is true and accurate iver or trustee empowered to execut	and that my signature shall ha	ive the same	e legal effect as if r	ed in Chapter 119, Florida Statutes. I further certify made under oath: that I am a General Partner of the	that the information limited partnership of	