

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

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT #A95000001130**

1. Entity Name  
**RALPH MEITIN FAMILY PARTNERSHIP, LTD., LLLP**



Principal Place of Business  
POST OFFICE BOX 162732  
ALTAMONTE SPRINGS, FL 32716-2732

Mailing Address  
POST OFFICE BOX 162732  
ALTAMONTE SPRINGS, FL 32716-2732

**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
59-3329261

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

LEFKOWITZ, IVAN M ESQUIRE  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803

**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	MEITIN, JULIAN
STREET ADDRESS	421 MONTGOMERY RD #141
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	149507
NAME	ZELLWOOD FRUIT DISTRIBUTORS, INC.
STREET ADDRESS	421 MONTGOMERY RD #141
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000644131  
03/02/07-80029-023 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**

*Julian R. Meitin* **Julian R. Meitin**

2/20/07 407865-7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #