2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A95000001828

1. Entity Name
ECKSTEIN FAMILY LIMITED PARTNERSHIP

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STATE
TALL... .... FLORIDA

Principal Place of Business	Mailing Address
22464 LEWISTON AVENUE PORT CHARLOTTE, FL 33952	22 W. CHEYENNE MOUNTAIN BLVD. COLORADO SPRINGS, CO 80906-4335

03222007   Chg-LP   CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address		
4680 GRASSY POINT BLVD			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	**4.** FEI Number	Applied For
PORT CHARLOTTE, FL		65-0621836	Not Applicable

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
33952					

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
ECKSTEIN, PAUL F 22464 LEWISTON AVENUE PORT CHARLOTTE, FL 33952	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 _____
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	**13.**	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ECKSTEIN, PAUL F 22 W. CHEYENNE MOUNTAIN BLVD. COLORADO SPRINGS, CO 80906	STREET ADDRESS CITY-ST-ZIP
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04/03/07--01054--009   **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: _Paul F Eckstein_   3/22/07   719 473-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE