


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000002067			
1. Entity Name BEAR FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 777 EAST ATLANTIC AVENUE SUITE 303 DELRAY BEACH, FL 33483		Mailing Address 777 EAST ATLANTIC AVENUE SUITE 303 DELRAY BEACH, FL 33483	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0640218		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEATING, JEFF 777 EAST ATLANTIC AVE SUITE 303 DELRAY BEACH, FL 33483		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		000000990610 04/22/08 00102 012 500.00 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 #	BEAR, DAVID	STREET ADDRESS	
NAME	777 EAST ATLANTIC AVE, SUITE 303	CITY-ST-ZIP	
STREET ADDRESS	DELRAY BEACH, FL 33483		
CITY-ST-ZIP			
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 4/10/08 Daytime Phone # 781-789-1778	

STAPLE CHECK HERE