## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

RICHARD STANTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

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SIGNATURE: \_

## **FILED** Apr 23, 2007 08:00 Al Secretary of State DOCUMENT # A96000000082 1. Entity Namo L & S FAMILY, LTD. Principal Place of Business Mailing Address 5775 WEST HALLANDALE BEACH BLVD. 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023 **HOLLYWOOD FL 33023** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 65-0700925 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) C/O ABRAMS, ANTON, ROBBINS, RESNICK 2021 TYLER ST. **HOLLYWOOD FL 33022** Zip Codo City 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, typed or printed name of registered agent and title it applicable. FILE NOW!!!: Fee is \$500. \*\*\* After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME STANTON, RICHARD STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. CITY-ST-7IP CHY-ST-ZIP HOLLYWOOD FL 33023 <del>0</del>000000727202 DOCUMENT # STREET ADDRESS 05/04/07-80038-013 500.00 NAME STANTON, LINDA STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- 71P CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-7IP CITY-ST-ZIP 14. I hereby cortify 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 offect as if made under eath; 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. Exercise Statutes

4/20/07

954-966-8430

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