


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

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000160</b> 1. Entity Name <b>HOWARD FAMILY PARTNERS, LTD.</b>	
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Principal Place of Business <b>1111 LINCOLN ROAD, 4TH FLOOR MIAMI BEACH FL 33139</b>	Mailing Address <b>1111 LINCOLN ROAD, 4TH FLOOR MIAMI BEACH FL 33139</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/06)

4. FEI Number <b>65-0712378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KLEIN, THEODORE J 16855 N.E. 2 AVENUE SUITE 301 NORTH MIAMI BEACH FL 33162</b>	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HOWARD, EUGENE J	CITY - ST - ZIP	
STREET ADDRESS	1111 LINCOLN ROAD, 4TH FLOOR		
CITY - ST - ZIP	MIAMI BEACH FL 33139		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	000000673637
STREET ADDRESS			03/29/07-80038-002 500.00
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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NAME		CITY - ST - ZIP	
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: \_\_\_\_\_

**EUGENE J HOWARD**  
SIGNATURE OF PRINTED NAME OF REGISTERED GENERAL PARTNER

3/21/07

Date

305-538-6361

Daytime Phone #

STAPLE CHECK HERE