


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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A96000000163	
<b>1. Entity Name</b> FRANZBLAU FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 7898 LAINA LANE UNIT #4 BOYNTON BEACH FL 33437	<b>Mailing Address</b> 7898 LAINA LANE UNIT #4 BOYNTON BEACH FL 33437
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/06)

<b>6. Name and Address of Current Registered Agent</b> DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 BOCA RATON FL 33434	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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. \*\*\* 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	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	FRANZBLAU, AARON		
<b>STREET ADDRESS</b>	7898 LAINA LANE UNIT #4		
<b>CITY-ST-ZIP</b>	BOYNTON BEACH FL 33437		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	FRANZBLAU, SARAH		
<b>STREET ADDRESS</b>	7898 LAINA LANE UNIT #4		
<b>CITY-ST-ZIP</b>	BOYNTON BEACH FL 33437		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
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<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

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03/29/07-80010-004 500.00

**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:** Aaron Franzblau 3/15/07 561-736-2089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #