## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED Mar 31, 2008 08:00 A Secretary of State

Due By May 1, 2008				Mar 31, 2008 08:0 Secretary of Sta		
DOCUMENT # A9600000410						
1. Entity Nan	PLAN BROTHERS FA	MILY PARTNERSHIP, LTD.				
2000 S.W. 5	ce of Business 66TH AVENUE N, FL 33317	Mailing Address 2000 S.W. 56TH AVENUE PLANTATION, FL 33317			13111 63111 Bleat HBN 8811811 31 (201	
>	<del> </del>		,	03212008 No Chg-LP C	R2E003 (12/06)	
	O NOT WR	ITE IN THIS SPA	CE	4. FEI Number 65-0506690	Applied For	
				5. Certificate of Status Desired	£9.75 Additional	
	6. Name and Address of	Current Registered Agent	2,		The second second	
KAPLAN, HARRY 2000 S.W. 56TH AVENUE PLANTATION, FL 33317				DO NOT WRI		
8. The above	e named entity submits this star	ement for the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept	
the obliga	tions of registered agent	·	_	***************************************	·	
SIGNATURE	Signature, typed or printed name of regis	lered agent and title if applicable		<u> </u>		
		E NOW!!! FEE IS \$500.00 ay 1, 2008, Fee will be \$900.00		-	,,o orr 300,00	
	A GENERAL PAR NOTE: General Parti	TNER THAT IS A BUSINESS ENTITY ters MAY NOT be changed on the for	MUST BE REGIST m; an amendmen	TERED AND ACTIVE WITH THIS OF It must be filed to change a genera	FICE. Il partner.	
DOCUMENT I NAME STREET ADDRESS CITY ST-ZIP		PARTNER INFORMATION				
DOCUMENT # NAME STREET ADDRESS CUTY-ST-ZIP						
DOCUMENT ≠ NAME STREET ADDRESS CITY-ST-ZIP			A Comment of the Comm	DO NOT WRIT	T T T T T T T T T T T T T T T T T T T	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		i*				
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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:X

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

TO TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

RRY KADLAN X 3-27-08 X

Daytime Phone #