


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # A96000000737					
1. Entity Name: THE LAZAR FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 12150 SW 92 AVE. MIAMI FL 33176			Mailing Address 12150 SW 92 AVE. MIAMI FL 33176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0642040	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAZAR, LESTER 12150 SW 92 AVE. MIAMI FL 33176				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 <u><i>Robert Lazar</i></u> / <u>Lester Lazar</u> DATE					
FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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		
STREET ADDRESS	12150 SW 92 AVE		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI FL 33176				
DOCUMENT #	LAZAR, ROBERTA		STREET ADDRESS	1100000807793	
STREET ADDRESS	12150 SW 92 AVE		CITY-ST-ZIP	02/07/08-80023-006 500.00	
CITY-ST-ZIP	MIAMI FL 33176				
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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: <u><i>Robert Lazar</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date: _____ Printing Phone: _____					



1st MOORE CR2E003 (10/07)

STAPLE CHECK HERE