

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 No Chg-LP CR2E003 (12/06)

DOCUMENT # A96000001375
1. Entity Name
SAMPLE 95 ASSOCIATES, LTD. LLLP



Principal Place of Business 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH, FL 33064	Mailing Address 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J
8030 PETERS ROAD
SUITE D104
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 \$500.00
After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT #	P96000061336
NAME	SAMPLE 95, INC.
STREET ADDRESS	2875 NE 191 STREET PH 1B
CITY-ST-ZIP	AVENTURA, FL 33180
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07--01041--001 **500.00

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STAPLE CHECK HERE

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: ISAAC SKEDNI 3/14/07 (305)935-9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #