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

#### **DOCUMENT # A96000001466**

Entity Name

THE LEONARD BRAWER FAMILY LIMITED PARTNERSHIP

Principal Place of Business 1739 VESTAL WAY CORAL SPRINGS, FL 33071

Mailing Address

1739 VESTAL WAY CORAL SPRINGS, FL 33071

### FILED Apr 09, 2008 08:00 A Secretary of State



#### DO NOT WRITE IN THIS SPACE

04022008 No Chg-LP CR2E

CR2E003 (12/06)

4. FEI Number 65-0689090 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAWER, MARC H 1739 VESTAL WAY CORAL SPRINGS, FL 33071

## DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office	e 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 \$500.00 After May 1, 2008, 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.

		HOTE: Callotat and to a but and and and and and	
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000062597 LEONARD BRAWER FAMILY HOLDINGS, INC. 1739 VESTAL WAY CORAL SPRINGS, FL 33071	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME		

# DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

TERE

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-51-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/08 954 6953649