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

DOCUMENT # A96000001594

1. Entity Name

THE PLUZNICK FAMILY LIMITED PARTNERSHIP L.L.L.P.

FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
7563 ISLA VERDE WAY DELRAY BEACH FL 33446	7563 ISLA VERDE WAY DELRAY BEACH FL 33446

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 65-0717171 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, JEROME R ESQ. 1300 N. FEDERAL HIGHWAY, SUITE 107 BOCA RATON FL 33432	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PLUZNICK, SELMA R 7563 ISLA VERDE WAY DELRAY BEACH FL 33446	STREET ADDRESS CITY-ST-ZIP	U00000597994 01/24/07-80059-008 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PLUZNICK-MARRIN, MARCY 3844 WILLOW VIEW COURT SANTA ROSA CA 95403	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PLUZNICK, MICHAEL 311 OAK STREET, PH 19 OAKLAND CA 94607-1188	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: Selma R. Pluznick 1/18/07 561-637-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #