


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000001594 1. Entity Name THE PLUZNICK FAMILY LIMITED PARTNERSHIP L.L.L.P.	
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Principal Place of Business 7563 ISLA VERDE WAY DELRAY BEACH, FL 33446	Mailing Address 7563 ISLA VERDE WAY DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0717171	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, JEROME R ESQ. 1300 N. FEDERAL HIGHWAY, SUITE 107 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
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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, 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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	PLUZNICK, SELMA R
STREET ADDRESS	7563 ISLA VERDE WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446
DOCUMENT #	
NAME	PLUZNICK-MARRIN, MARCY
STREET ADDRESS	3844 WILLOW VIEW COURT
CITY-ST-ZIP	SANTA ROSA, CA 95403
DOCUMENT #	
NAME	PLUZNICK, MICHAEL
STREET ADDRESS	311 OAK STREET, PH 19
CITY-ST-ZIP	OAKLAND, CA 946071188
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000812174
02/12/08-80036-011 500.00

DO NOT WRITE IN THIS SPACE

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:  **1/28/08** **361-637-3694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE