

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

DOCUMENT # **A96000001595**

1. Entity Name

LETO BROTHERS FAMILY PARTNERSHIP, LTD.



**FILED**

2007 APR 17 AM 10:03



1st MOORE CR2E003 (10/06)

Principal Place of Business Mailing Address  
3100 STIRLING RD. 3100 STIRLING RD.  
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

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

4. FEI Number **65-0694347** 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

GLASSER, GENE K  
% ABRAMS, ANTON, ROBBINS, RESNICK ET AL  
2021 TYLER ST.  
HOLLYWOOD FL 33022

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 LETO, JOHN A SR.  
STREET ADDRESS 2550 NORTH PLACE  
CITY- ST - ZIP DAVIE FL 33325

STREET ADDRESS 2550 NOAH PLACE  
CITY- ST - ZIP DAVIE, FL 33325

DOCUMENT #  
NAME LETO, PETER J SR.  
STREET ADDRESS 6171 SHADOW TREE LANE  
CITY- ST - ZIP LAKE WORTH FL 33463-8239

STREET ADDRESS  
CITY- ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST - ZIP

STREET ADDRESS  
CITY- ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST - ZIP

STREET ADDRESS  
CITY- ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST - ZIP

STREET ADDRESS  
CITY- ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST - ZIP

STREET ADDRESS  
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: John A. Leto Sr JOHN A. LETO SR 4/4/07 954-989-9520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE