2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A96000001595

1. Entity Name

LETO BROTHERS FAMILY PARTNERSHIP, LTD.



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business 3100 STIRLING RD. HOLLYWOOD, FL 33021

Mailing Address 3100 STIRLING RD. HOLLYWOOD, FL 33021



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04212008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 65-0694347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

GLASSER, GENE K 100 W CYPRESS CREEK ROAD STE 700 FT LAUDERDALE, FL 33309

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bothe obligations of registered agent.	oth, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of regulatered 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.

12. GENERAL PARTNER INFORMATION DOCUMENT # LETO, JOHN A SR. NAME 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 334638239 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

U00000930718 05/21/08-80120-010 500.00

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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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP