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

### DOCUMENT # A96000002101

1. Entity Name
THE EDITH A. BERLIN FAMILY LIMITED PARTNERSHIP
#2



FILED Mar 04, 2008 08:00 A Secretary of State

Principal Place of Business 7167 VIA PALOMAR BOCA RATON, FL 33433 Mailing Address

7167 VIA PALOMAR BOCA RATON, FL 33433



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LP

CR2E003 (12/06)

FEI Number
 65-0714039

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERLIN, EDITH A 7167 VIA PALOMAR BOCA RATON, FL 33433

## DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

U0000008474DE

<u> /19/08-80018-019 500.00</u>

#### 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 filled to change a general partner.

12.	GENERAL PARTNER INFORMATION
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS	EDITH A. BERLIN, TRUSTEE 7167 VIA PALOMAR BOCA RATON, FL 33433
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	

# 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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Daytime Ptione #