


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

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A9700000204</b>		
1. Entity Name ANTUN FAMILY PARTNERS, LTD.		
Principal Place of Business 3057 VIA NAPOLI DEERFIELD BEACH FL 33442		Mailing Address 3057 VIA NAPOLI DEERFIELD BEACH FL 33442



1st MOORE CR2E003 (10/06)

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 <b>65-0744058</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRADEN, LISA 4623 FOREST HILL BLVD. WEST PALM BEACH FL 33415		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	000000606592
STREET ADDRESS	REDNOR, JOAN TRUSTEE	CITY - ST - ZIP	01/31/07-80003-015 500.00
CITY - ST - ZIP	3057 VIA NAPOLI DEERFIELD BEACH FL 33442		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	REDNOR, JOAN	CITY - ST - ZIP	
CITY - ST - ZIP	3057 VIA NAPOLI DEERFIELD BEACH FL 33442		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	REDNOR, CHARLES	CITY - ST - ZIP	
CITY - ST - ZIP	3057 VIA NAPOLI DEERFIELD BEACH FL 33442		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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:** *Joan Rednor* **JOAN REDNOR** 1/27/07 954-481-2538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE