


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # A9700000204 1. Entity Name: ANTUN FAMILY PARTNERS, LTD.	
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Principal Place of Business 3057 VIA NAPOLI DEERFIELD BEACH FL 33442	Mailing Address 3057 VIA NAPOLI DEERFIELD BEACH FL 33442
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/07)

City & State	City & State	4. FEI Number 65-0744058	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	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 BRADEN, LISA 4623 FOREST HILL BLVD. WEST PALM BEACH FL 33415	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 date if applicable)

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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	
	REDNOR, JOAN TRUSTEE		
STREET ADDRESS	3057 VIA NAPOLI	CITY-ST-ZIP	
	DEERFIELD BEACH FL 33442		
DOCUMENT #	NAME	STREET ADDRESS	
	REDNOR, JOAN		
STREET ADDRESS	3057 VIA NAPOLI	CITY-ST-ZIP	
	DEERFIELD BEACH FL 33442		
DOCUMENT #	NAME	STREET ADDRESS	
	REDNOR, CHARLES		
STREET ADDRESS	3057 VIA NAPOLI	CITY-ST-ZIP	
	DEERFIELD BEACH FL 33442		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

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02/04/08-80007-012 500.00

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** *1/24/08* **954-481-2538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE