


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 06, 2007 08:00 AM
Secretary of State**

DOCUMENT # A97000000369 1. Entity Name LUSTGARTEN FINANCIAL LIMITED PARTNERSHIP	
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Principal Place of Business 1850 HOMEWOOD BLVD., #408 DELRAY BEACH, FL 33445	Mailing Address 1850 HOMEWOOD BLVD., #408 DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0737696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, BARBARA
2500 N. MILITARY TRAIL, #260
BOCA RATON, FL 33431

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

DATE
04/13/07-80048-016 500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	LUSTGARTEN, KAREN 1850 HOMEWOOD BLVD., #408 DELRAY BEACH, FL 33445
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STAPLE CHECK HERE

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: Karen Lustgarten **KAREN LUSTGARTEN** 4/4/07 561-266-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #