## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

## **DOCUMENT # A97000000682**

1. Entity Name

TALAN FAMILY LIMITED PARTNERSHIP #1, LTD.



FILED May 24, 2007 08:00 A Secretary of State

Principal Place of Business

2585 JARDIN COURT FORT LAUDERDALE, FL 33327 Mailing Address

2585 JARDIN COURT

FORT LAUDERDALE, FL 33327



DO NOT WRITE IN THIS SPACE

| 05152007 No Chg-LP | 4 FFI Number |

CR2E003 (12/06)

FEI Number
 65-0748227

Applied For Not Applicable

5. Cerificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANAGOS, PAUL S 2721 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

		1	
	e named entity submits this statement for the purpose of changing its retiions of registered agent.	gistered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and talk if applicable		DATE
	FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will	be \$1000.00	CARE
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the		
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #			
NAME	TALAN, LEON	ł	
STREET ADDRESS	2585 JARDIN COURT	1	U00000765322
CITY+ST-ZIP	FORT LAUDERDALE, FL 33327		05/31/07-80034-024 500.00
DOCUMENT #			00,01,01 00001 024 000.08
NAME			
STREET ADDRESS			
CITY-ST-ZIP		ĺ	
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IN THIS SPACE

14. I hereby certify that the information scopplied 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 recovered by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME
STREET ADDRESS
CITY-S1-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-S1-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-S1-ZIP
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #