


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

**FILED
Jan 14, 2008 08:00 A
Secretary of State**

DOCUMENT # A97000000824 1. Entity Name WOOL FAMILY, LTD.	
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Principal Place of Business 2506 PRINCETON CT. FT LAUDERDALE, FL 33327	Mailing Address 2506 PRINCETON CT. FT LAUDERDALE, FL 33327
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0764649	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

COHN, ALAN B
100 W. CYPRESS CREEK ROAD STE 700
FORT LAUDERDALE, FL 33309

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

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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LOPATIN, SUSAN 2506 PRINCETON CT. FT LAUDERDALE, FL 33327
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WOOL, RANDY 2506 PRINCETON CT. FT LAUDERDALE, FL 33327
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01/16/08-80055-021 500.00

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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: Susan Lopatin 1/10/08 954-389-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #