


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000864

1. Entity Name
FARREY GROUP, LTD.



Principal Place of Business C/O F.X. FARREY P.O. BOX 619500 NORTH MIAMI, FL 33261-9500	Mailing Address C/O F.X. FARREY P.O. BOX 619500 NORTH MIAMI, FL 33261-9500
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01312007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0748107	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M ESQ.
 C/O THERREL BAISDEN & MEYER WEISS
 1111 LINCOLN ROAD MALL, SUITE 500
 MIAMI BEACH, FL 33139**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	P97000035028 FXF, INC. 104 EAST SAN MARINO DRIVE MIAMI BEACH, FL 33139
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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: JOHN F FARREY  **1/31/07** **305-947-5451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #