

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY -4 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092007 Chg-LP CR2E003 (12/06)

DOCUMENT # A97000000938	
1. Entity Name FASK REALTY LLLP	



Principal Place of Business 354 HIATT DRIVE PALM BEACH GARDENS, FL 33418	Mailing Address 354 HIATT DRIVE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0747352	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDMAN, STEVEN 24 BERMUDA LAKE DRIVE PALM BEACH GARDENS, FL 33418	
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7. Name and Address of New Registered Agent	
Name	see attached change form.
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	see attached amendment.
NAME	ABRAMS, MARK J	CITY-ST-ZIP	
STREET ADDRESS	8667 STEEPLECHASE DRIVE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FRIEDMAN, IRVING	CITY-ST-ZIP	
STREET ADDRESS	101 BANYAN ISLE DRIVE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FRIEDMAN, STEVEN D	CITY-ST-ZIP	
STREET ADDRESS	24 BERMUDA LAKE DRIVE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #	NAME	STREET ADDRESS	see attached amendment
NAME	SAYRE, ROBERT A	CITY-ST-ZIP	
STREET ADDRESS	354 HIATT DRIVE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: M. J. Abrams **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** 5/1/07 561-659-9022

STAPLE CHECK HERE

DB

\$500-AR