2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000001264

1. Entity Name . . . SILVERSTEIN FAMILY LIMITED PARTNERSHIP



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

1901 FLOYD STREET SARASOTA, FL 34239 Mailing Address

1901 FLOYD STREET SARASOTA, FL 34239



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0768440

S. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, HERBERT 1901 FLOYD STREET, SUITE A SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

		11110 017102
	named entity submits this statement for the purpose of changing its regions of registered agent.	stered 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 title il applicable	DATE
-	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	D
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	P97000047241 H.S. FINANCIAL, INC. 1901 FLOYD STREET SARASOTA, FL 34239	U00000593814 01/22/07-80047-024 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT IN NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
DOCUMENT A NAME STREET ADDRESS CITY-SI-ZIP		
DOCUMENT # NAME STREET ADDRESS		

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 500, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mulos

941-366-9833

Daytime Phone #