2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000001349

Entity Name
 TFP HOLDINGS, LTD.



FILED Feb 13, 2007 08:00 AM Secretary of State

Principal Place of Business

183-05 BISCAYNE BLVD

SUITE 304 AVENTURA, FL 33160 Mailing Address

183-05 BISCAYNE BLVD

SUITE 304

AVENTURA, FL 33160



DO NOT WRITE IN THIS SPACE

01292007 No Chg-LP

CR2E003 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIROSH, PETER 183-05 BISCAYNE BLVD SUITE 304 AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

8.	3. 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. 🛚 an	n familiar with, and accept
	the obligations of registered agent.	
CIA	NONATURE	

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.

		NOTE: General Partners MAT NOT be changed on the
	12.	GENERAL PARTNER INFORMATION
ı	DOCUMENT #	
	NAME	TIROSH, PETER
	STREET ADDRESS	183-05 BISCAYNE BLVD,#304
	CITY-ST-ZIP	AVENTURA, FL 33160
_	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
ובטוג זובי וב	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS	

Signature, typed or printed name of registered agent and title if applicab

U00000634675 02/22/07-80022-001 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK HERE

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/27/07

30/-682-1211

Daytime Phone s