2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

STAPLE CHECK HERE

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DOCU 1. Entity Nar	MENT #_A9700000142	20		FILED	
MYSTIC PARK FAMILY LIMITED PARTNERSHIP, LTD.				2007 APR 23 AM II: 00	
Principal Plac	ce of Business	Mailing Address			
6612 NW 2	24TH AVE	6612 NW 24TH AVE		SECRETARY OF STATE	
BOCA RATON FL 33496 BOCA RATON FL 3349					
2. Principal Place of Business No/P.C. Box # 3. Mailing Address			W ZYTHYE	- 1 1881/841 1818 18111 18811 88111 88111 88111 88111 88111 1811 81 1811 81 1811 81 1811 81 1811 81 1811 81 1811	
Suite, Apt. #, etc. Suite Apt. #, etc.			TON FL.	1st MOORE CR2E003 (10/06)	
City & State ROTAL E/ City & State			1911	4. FEI Number Applied For .	
Zip Country Zip 2.10			Country	65-0768211 Not Applicable	
334	146 IJ.SA		WyA	5. Cortificate of Status Dosirod	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	
SIS	SISKY, SAMUEL M		Street Address (P.O. Box Number is Not Acceptable)		
6612 NW 24TH AVE BOCA RATON FL 33496			Siroel 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, Jam familiar with, and accept the obligations of registered agent.					
Annual W/ King by Cont of 2007					
SIGNATURE Signative, typed or printed name of registerer agent and tale if applyable. DATE					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State					
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 I	7577	13.	ADDRESS CHANGES ONLY	
DOCUMENT# NAME			STREET ADDRESS	yo-	
STREET ADDRESS	SISISKY, SAMUEL M 6612 NW 24TH AVE		CITY-ST-ZIP		
CCTY-ST-ZCP	BOCA RATON FL 33496		0111-31-211		
DOCUMENT # - NAME	SHAFF, MARILYN E		STREET ADDRESS		
STREE! ADDRESS	13585 KILTIE COURT		CITY-ST-ZIP	05/03/0701013005 **500.00	
CHY-ST-ZIP DOCUMENT #	DELRAY BEACH FL 33446				
NAME			STREET ADDRESS		
- STREET AUDRESST CITY-ST-ZIP		· · · -	CHY-ST-7IP		
DOCUMENT #			eigeri apppres		
NAME STREET ADDRESS			STREET ADORESS		
CITY-ST-ZIP			CITY - ST- ZIP		
*DOCUMENT #			STREET ADDRESS		
NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME		i	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CETY - ST- ZIP		
14. I receive cortify 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 each; 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: - Samuel M. Sisisky SAMUEL M. SISISKY					