

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

DOCUMENT # <b>A97000001420</b>	
1. Entity Name <b>MYSTIC PARK FAMILY LIMITED PARTNERSHIP, LTD.</b>	



**FILED**

2007 APR 23 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

Principal Place of Business <b>6612 NW 24TH AVE BOCA RATON FL 33496</b>	Mailing Address <b>6612 NW 24TH AVE BOCA RATON FL 33496</b>
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2. Principal Place of Business - No P.O. Box # <b>6612 NW 24TH AVE</b>	3. Mailing Address <b>6612 NW 24TH AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>BOCA RATON, FL</b>

City & State <b>BOCA RATON, FL</b>	City & State
Zip <b>33496</b>	Country <b>USA</b>

4. FEI Number <b>65-0768211</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SISISKY, SAMUEL M 6612 NW 24TH AVE BOCA RATON FL 33496</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 <i>Samuel M. Sisisky</i>	DATE <i>April 4, 2007</i>

**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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
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DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP	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 <i>Samuel M. Sisisky</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>SAMUEL M. SISISKY</b>	Date	Daytime Phone
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STAPLE CHECK HERE