


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001420 1. Entity Name MYSTIC PARK FAMILY LIMITED PARTNERSHIP, LTD.	
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Principal Place of Business 6612 NW 24TH AVE BOCA RATON FL 33496	Mailing Address 6612 NW 24TH AVE BOCA RATON FL 33496
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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

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent SISISKY, SAMUEL M 6612 NW 24TH AVE BOCA RATON FL 33496	
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7. Name and Address of New Registered Agent	
Name	
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 if not applicable, DATE:

FILE NOW!!! : Fee is \$500. * After May 1, 2008, 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 #		STREET ADDRESS	
NAME	SISISKY, SAMUEL M	CITY-ST-ZIP	
STREET ADDRESS	6612 NW 24TH AVE		
CITY-ST-ZIP	BOCA RATON FL 33496		
DOCUMENT #		STREET ADDRESS	000000920799
NAME	SHAFF, MARILYN E	CITY-ST-ZIP	05/14/08-80058-019 500.00
STREET ADDRESS	13585 KILTIE COURT		
CITY-ST-ZIP	DELRAY BEACH FL 33446		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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DOCUMENT #		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:  **SAMUEL M. SISISKY, GENERAL PARTNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE