


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001430	
1. Entity Name MCANDREW FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 432 ALEXANDER PALM ROAD BOCA RATON, FL 33432	Mailing Address 432 ALEXANDER PALM ROAD BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

02282007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0772808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMAN, PAUL E 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCANDREW, NANCY 2850 N. LAKEVIEW AVENUE CHICAGO, IL 60614	STREET ADDRESS CITY-ST-ZIP	000000654431 03/22/07-80043-017 500.00
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STAPLE CHECK HERE

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: Nancy McAndrew Nancy McAndrew 03/25/07 773-883-9882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Paying Phone #