2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

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

DOCUMENT # A9700000146 [,]	D	OCL	JMEN	JT#	A970	0000	01461
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1. Entity Name
GELLERMAN FAMILY LTD.



Principal Place of Business 12831 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437 Mailing Address

12831 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437



07032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0776999	 Applied For	
03-0770999	 Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

U00000768459

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PASTOR, PEARL 12831 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE			U//12/U/-8UU12-U11 SUU.00
0.0.0.0.0	Signature, typed or printed name of registered agent and title if applicable.		DATE
	FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on		
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #			
NAME	GELLERMAN, PEARL		
STREET ADDRESS	12831 CORAL LAKES DRIVE		
City-St-ZiP	BOYNTON BEACH, FL 33437		
DOCUMENT / NAME STREET ADDRESS GITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE
DOCUMENT # NAME STREET ADDRESS] IN TH	IIS SPACE

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

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:

CITY-ST-ZIP

DOCUMENT #

NAME

SIREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/07

5614988878