

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # A97000001536

1. Entity Name
SAEF GENERATIONS, LTD.



Principal Place of Business
**1621 OAK CIRCLE SOUTH
SARASOTA, FL 34232**

Mailing Address
**1621 OAK CIRCLE SOUTH
SARASOTA, FL 34232**



03052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0792083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAEF, JEROLD L
1621 OAK CIRCLE SOUTH
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS 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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**U000000664374
03/22/07-80042-010 500.00**

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAEF, JEROLD L
1621 OAK CIRCLE SOUTH
SARASOTA, FL 34232**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAEF, STEVEN H
2793 ROSEDOWN
MT. PLEASANT, SC 29464**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAEF, DAVID K
4051 JORDAN LAKES DRIVE
MARIETTA, GA 30062**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAEF, LAURA R
4911 ROOSEVELT STREET
HOLLYWOOD, FL 33021**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAEF, ELAINE L
4911 ROOSEVELT STREET
HOLLYWOOD, FL 33021**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/05/2007 941-818-7639

STAPLE CHECK HERE