

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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001715 1. Entity Name: EJENBAUM FAMILY, LTD.	
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Principal Place of Business 7430 GARY AVENUE MIAMI BEACH FL 33141	Mailing Address 7430 GARY AVENUE MIAMI BEACH FL 33141
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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)

4. FEI Number 65-0773092	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EJENBAUM, MAURICO J 12865 W. DIXIE HWY., 2ND FLOOR MIAMI FL 33161	
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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 _____ 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	EJENBAUM, MAURICIO J	CITY-ST-ZIP	
STREET ADDRESS	12865 W. DIXIE HIGHWAY, 2ND FLOOR		
CITY-ST-ZIP	MIAMI FL 33161		
DOCUMENT #		STREET ADDRESS	
NAME	EJENBAUM, MAURICIO J TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	12865 W. DIXIE HIGHWAY, 2ND FLOOR		
CITY-ST-ZIP	MIAMI FL 33161		
DOCUMENT #		STREET ADDRESS	
NAME	EJENBAUM, MARITZA B	CITY-ST-ZIP	
STREET ADDRESS	7430 GARY AVENUE		
CITY-ST-ZIP	MIAMI BEACH FL 33141		
DOCUMENT #		STREET ADDRESS	
NAME	EJENBAUM, MARITZA B TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	7430 GARY AVENUE		
CITY-ST-ZIP	MIAMI BEACH FL 33141		
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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 110, 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: *Maritza Ejenbaum* **MARITZA EJENBAUM** April 23, 2008 305-458-9224
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Drawing Partner *

STAPLE CHECK HERE