

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002037**

1. Entity Name

KRITCHMAN ENTERPRISES, LTD.



Principal Place of Business

% FIRST UNION NATIONAL BANK OF FLORIDA  
200 S BISCAYNE BLVD., 15TH FLR, KIMBERLY  
MIAMI, FL 33131

Mailing Address

% FIRST UNION NATIONAL BANK OF FLORIDA  
200 S BISCAYNE BLVD., 15TH FLR, KIMBERLY  
MIAMI, FL 33131



01102007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0833479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELLER, DAN P ESQ  
RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL PA  
701 BRICKELL AVENUE, SUITE 1900  
MIAMI, FL 33131

**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**

U00000600843  
01/26/07-80026-025 500.00

**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 # P98000018887  
NAME KRITCHMAN ENTERPRISES, INC.  
STREET ADDRESS 200 S. BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

*John Kritchman*

**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 #

STAPLE CHECK HERE