


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002254</b> 1. Entity Name <b>WEINSTEIN PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>1900 CONSULATE PLACE, SUITE 903 WEST PALM BEACH FL 33401</b>	Mailing Address <b>1900 CONSULATE PLACE, SUITE 903 WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent <b>WEINSTEIN, BERNARD 1900 CONSULATE PLACE, SUITE 903 WEST PALM BEACH FL 33401</b>	
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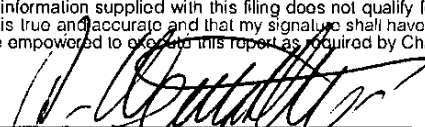
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>LOUPUS, DONNA 211 COLONIAL HOMES DRIVE #2207 ATLANTA GA 30309</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>SALZBURG, MERILL A 260 SPRINGSIDE ROAD LONGWOOD FL 32779</b>	STREET ADDRESS CITY - ST - ZIP	<b>1000000666533 03/23/07-80075-004 500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>GLASSMAN, JENNY L 12515 N 136TH PLACE SCOTTSDALE AZ 85259</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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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. <b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 3/21/07 561-641-2987 Date Daytime Phone #	
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