

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002617

1. Entity Name
RAPPAPORT FAMILY, LTD.



Principal Place of Business
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

Mailing Address
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

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

03292007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3483432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPPAPORT, ALEXANDER G
806 GUISSANDO DE AVILA
TAMPA, FL 33613

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

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

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 # M0100000161
NAME RAPPAPORT FAMILY LLC
STREET ADDRESS 171 PEAK VIEW
CITY- ST- ZIP AVON, CO 81620

STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN
CITY- ST- ZIP TAMPA FL 33618

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP
800102539148
05/15/07--01049--006 **\$500.00

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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 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

DRIVER'S PHONE #

A.G. RAPPAPORT 3/29/07 813-269-0899

STAPLE CHECK HERE