


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PM 1:41

DOCUMENT # A97000002710


1. Entity Name
NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 2228 ORIOLE DRIVE
 SARASOTA, FL 34239-3731

Mailing Address
 2228 ORIOLE DRIVE
 SARASOTA, FL 34239-3731

DO NOT WRITE IN THIS SPACE



07022007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-6253593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NORMAN
 2228 ORIOLE DRIVE
 SARASOTA, FL 34239

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 *Norman Siegel* DATE 7.3.07

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

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	SIEGEL, NORMAN 2228 ORIOLE DRIVE SARASOTA, FL 34239
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SIEGEL, RUTH LILA 2228 ORIOLE DRIVE SARASOTA, FL 34239
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

700106489737
 07/20/07--01033--011 **500.00

DO NOT WRITE IN THIS SPACE

BLT

STAPLE CHECK HERE

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: *Norman Siegel* **NORMAN SIEGEL** DATE 7.03.07 DAYTIME PHONE # 941 955 1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER