

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

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000002897	
1. Entity Name KALBACK FAMILY REAL ESTATE LTD.	

Principal Place of Business 6262 BIRD ROAD SUITE 2J SO. MIAMI FL 33155	Mailing Address P.O. BOX 55-9033 MIAMI FL 33255-9033
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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 65-0806234		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SIMON, GARY P ESQ. 9100 S. DADELAND BLVD., SUITE 504 MIAMI FL 33156-7815		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 *Mary Lumannick* DATE *01/28/08*

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

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 # L99000003417	NAME KALBACK REAL ESTATE LLC	STREET ADDRESS	
STREET ADDRESS P.O. BOX 55-9033		CITY-ST-ZIP	0000000805253 02/05/08-80099-029 500.00
CITY-ST-ZIP MIAMI FL 33255-9033			
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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.

SIGNATURE: *Mary Lumannick* DATE *01/28/08* (305) 666-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE