


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

**FILED
Jan 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # A97000002916 1. Entity Name THE MARGOLIS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2699	Mailing Address 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2699
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0823806	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 MARGOLIS, JOHN 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	MARGOLIS, MARJORIE 691 S.W. ELM TREE LANE BOCA RATON, FL 33486
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MARGOLIS, JOHN A 9990 SW 77TH AVE., STE. 330 MIAMI, FL 33156
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MARGOLIS, ROBERT A 1150 UPPER HAMBREE RD ROSWELL, GA 30076
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000599607
01/25/07-80034-013 500.00

**DO NOT WRITE
IN THIS SPACE**

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: 	Date: 1/19/07	Daytime Phone #: (305) 595-1911
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>