

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # A98000000140

1. Entity Name
SAFF ATLANTIC PROPERTIES, LTD.



Principal Place of Business
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062

Mailing Address
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062



01152007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0811553

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAFF, HARVEY J
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062

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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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SAFF, HARVEY J TRUSTEE
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SAFF, MYRA H TRUSTEE
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP
SAFF, HARVEY J TRUSTEE
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U00000644104
03/02/07-80029-006 500.00

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IN THIS SPACE

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

Daytime Phone #

STAPLE CHECK HERE