2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000000386

1. Entity Name

THEÓDORE KAHN FAMILY, LTD.



FILED
Mar 09, 2007 08:00 A
Secretary of State

Principal Place of Business

10722 KIRKALDY LANE BOCA RATON, FL 33498 Mailing Address

10722 KIRKALDY LANE BOCA RATON, FL 33498



02152007 No Chg-LP

CR2E003 (12/06)

| 4. | FEI Number | | Applied For |
|----|-------------------------------|------------------|-------------------|
| | 65-0813154 | | Not Applicable |
| 5. | Certificate of Status Desired | \$8.75 Fee Re | Additional guired |

5. Name and Address of Current Registered Agent

| <u> </u> | v. Name and Address of Current Registered Agent | | , | | | | |
|---|---|-------------------------------|---|--|--|--|--|
| C/O BELS 2500 N. MI | STEVEN A ESQ. ON & LEWIS, LLP ILITARY TRAIL, SUITE 465 TON, FL 33431 | 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 | 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 \$900.0 | | U00000661695 03/20/07-80051-016 500.00 | | | | |
| 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. | | | | | | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | KAHN CORPORATION 10722 KIRKALDY LANE BOCA RATON, FL 33498 | , | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
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| DOCUMENT / NAME STREET ADDRESS | · | | | | | | |

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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

/20 /01

(561) 483-3739

Daytime Phona #