2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 22, 2007 08:00 AM Secretary of State

חחכו	IMENIT	# A 98	የሰበሰር	01160
1 16 16 16	JIVII IN I	# /\3\	JUUUL	<i>'</i> U I I UU

1. Entity Name

THE UCHIN FAMILY LIMITED PARTNERSHIP



Principal Place of Business

7083 QUEENFERRY CIRCLE BOCA RATON, FL 33496 Mailing Address

7083 QUEENFERRY CIRCLE BOCA RATON, FL 33496



DO NOT WRITE IN THIS SPACE 4. FEI Number

CR2E003 (12/06)

4.	FEI Number	
	65-0835044	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINSTEIN, JOEL ESQ. 925 S. FEDERAL HIGHWAY, STE 325 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office	e or registered agent, or both, in the State of Florida. I am familiar with,	and accept
	the obligations of registered agent.	U00000597940	
		ညာ မည်းနိုင်မည်။ ကိုလိုက်ကိုကို ကြည်းကို	10 AA

SIGNATURE

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

<u>01/24/07-80056-006 500.0</u>0

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 #	P04000075907
ŀ	NAME	UCHIN FAMILY CORP.
Į	STREET ADDRESS	7083 QUEENFERRY CIRCLE
	CITY-ST-ZIP	BOCA RATON, FL 33496
- [DOCUMENT #	
- }	NAME	
1	STREET ADDRESS	i i
-}	CITY-ST-ZIP	
Ī	DOCUMENT #	
ĺ	NAME	
ĺ	STREET ADDRESS	
ł	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
Ĭ.	CITY-ST-ZIP	
CHC HH	DOCUMENT #	
ڔٞ	NAME	
Į,	STREET ADDRESS	
	CITY-ST-ZIP	
SIAPLE	DOCUMENT #	
2	NAME	
	STREET ADDRESS	,
	CITY-ST-ZIP	

DO NOT WRITE

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

1/19/07

(561) 483-8336

Daytime Phone