

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

**FILED**

2007 MAR 27 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A98000002208</b> 1. Entity Name <b>A. ELIAS FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>19750 BEACH ROAD, UNIT #502</b> <b>JUPITER ISLAND, FL 33469</b>			Mailing Address <b>19750 BEACH ROAD, UNIT #502</b> <b>JUPITER ISLAND, FL 33469</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>4</b> <b>65-0801459</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROBERG, PETER S</b> <b>223 PERUVIAN AVENUE</b> <b>PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY - ST - ZIP		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS	<b>200095595242</b> <b>04/03/07--01052--002 **500.00</b>	
NAME	STREET ADDRESS		CITY - ST - ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
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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					
<b>SIGNATURE: 1</b> <u>Rea Elias</u> <span style="float: right;">103/21/2007</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					

STAPLE CHECK HERE