2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # A98000002453

THE EDWARD J. RENDO FAMILY LIMITED PARTNERSHIP

Principal Place of Business 5200 N. OCEAN DRIVE, #1006 SINGER ISLAND, FL 33404

Mailing Address

5200 N. OCEAN DRIVE, #1006 SINGER ISLAND, FL 33404

FILED Apr 23, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0814101

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENDO, EDWARD J 5200 N. OCEAN DRIVE. #1006 SINGER ISLAND, FL 33404

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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 Flo	orida. I am familiar with, and accept		
. ⁴the 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.

1			
Ì	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RENDO, EDWARD J 5200 N. OCEAN DRIVE, #1006 SINGER ISLAND, FL 33404	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
-	DOCUMENT / NAME		

05/04/07-80040-010 500.00

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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

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY ST-ZIP

Daytime Phone #