

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JUL 18 PM 12:48

DOCUMENT # A99000000569 1. Entity Name WENNER FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442			Mailing Address 648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address RRI, Box 197A Suite, Apt. #, etc.			
City & State Zip		City & State Newfoundland, PA Zip 18445		Country USA	
4. FEI Number 94-3360246		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WENNER, JOHN P SR 648 NORTH SHORE DRIVE DEERFIELD BEACH, FL			7. Name and Address of New Registered Agent Name Lillian Wenner Street Address (P.O. Box Number is Not Acceptable) 648 North Shore Drive City Deerfield Beach FL Zip Code 33442		
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 <u><i>Lillian Wenner</i></u> DATE <u>6/15/07</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WENNER, SUSAN 241-20 NORTHERN BLVD. FLUSHING, NY 11363		STREET ADDRESS CITY-ST-ZIP	241-20 Northern Blvd Douglaston, NY 11363	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WENNER, JOHN P JR. R.R. 1-BOX 197A NEWFOUNDLAND, PA 18445		STREET ADDRESS CITY-ST-ZIP	200106488122 07/20/07--01032--005 **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					
SIGNATURE: <u><i>Susan J. Wenner</i></u> SUSAN WENNER <u>4/28/07</u> 718 229-8862 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

BLT