


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000000925		
1. Entity Name THE GENET FAMILY LIMITED PARTNERSHIP NO. 2		

Principal Place of Business 19080 N.E. 29TH AVENUE AVENTURA, FL 33180	Mailing Address 19080 N.E. 29TH AVENUE AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 APR 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0924752	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 NELSON, BARRY A ESQ. NELSON & LEVINE, P.A. 2775 SUNNY ISLES BLVD., SUITE 118 NORTH MIAMI BEACH, FL 33160	
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7. Name and Address of New Registered Agent Name David G. Genet Street Address (P.O. Box Number is Not Acceptable) 19080 NE 29th Ave, City Aventura FL Zip Code 33180	
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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 # P03000052054	NAME GENET FAMILY HOLDINGS NO. 2, INC.	STREET ADDRESS	
STREET ADDRESS 19080 N.E. 29TH AVENUE		CITY-ST-ZIP	
CITY-ST-ZIP AVENTURA, FL 33180			
DOCUMENT #	NAME	STREET ADDRESS	
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04/17/07--01045--012 **500.00

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: _____ Managing Partner, 4/1/07 305-933-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Genet Family Limited
Partnership No. 2

STAPLE CHECK HERE