2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 DOCUMENT # A99000000961 NILOFF PARTNERSHIP, LTD.

FILED Jan 09, 2007 08:00 AN **Secretary of State**

Principal Place of Business 3170 SOUTH OCEAN BLVD., #406-N PALM BEACH, FL 33480

3170 SOUTH OCEAN BLVD., #406-N PALM BEACH, FL 33480

Mailing Address

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP CR2E003 (12/06)

Applied For 4. FEI Number 65-0930981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

8. Name and Address of Current Registered Agent

NILOFF, PAUL H 3170 SOUTH OCEAN BLVD. #406-N PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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. U00000580358

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

81/10/07-80042-824-580.00

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.

STAPLE CHECK HERE	12.	GENERAL PARTNER INFORMATION
	DOCUMENT #	
	NAME	NILOFF, PAUL H
	STREET ADDRESS	3170 SOUTH OCEAN BLVD. #406-N
	CITY-ST-ZIP	PALM BEACH, FL 33480
	DOCUMENT #	
	NAME	NILOFF, MADELAINE H
	STREET ADDRESS	3170 SOUTH OCEAN BLVD. #406-N
	CITY-ST-ZIP	PALM BEACH, FL 33480
	OCCUMENT #	
	NAME	
	STREET ADDRESS	
	CHY-ST-ZIP	
	DOCUMENT#	
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CHTY-SI-ZIP	
	14. I hereby certify that the information supplied with this filling does not qualify for	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING GÉNERAL PARTNER