500

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000001032

1. Entity Name
ARGUETTY FAMILY LIMITED PARTNERSHIP

FILED
07 MAY 14 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
617 N 21ST AVENUE HOLLYWOOD, FL 33020	2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133

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

02282007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0967187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 #	P99000057839	STREET ADDRESS	
NAME	ARGUETTY MANAGEMENT, INC.		
STREET ADDRESS	617 N 21ST AVENUE	CITY-ST-ZIP	200103531242 05/30/07--01032--017 **1061.25
CITY-ST-ZIP	HOLLYWOOD, FL 33020		
DOCUMENT #		STREET ADDRESS	
NAME			
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STAPLE CHECK HERE

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: ISAAC ARGUETTY 4/5/07 954-929-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #