


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001382			
1. Entity Name KOSLOW FAMILY LTD.			
Principal Place of Business 1112 WESTON ROAD WESTON FL 33326		Mailing Address 1112 WESTON ROAD WESTON FL 33326	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KOSLOW, BRIAN 1112 WESTON ROAD, STE. 226 WESTON FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City - State - Zip	
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.			



1st MOORE CR2E003 (10/06)

4. FEI Number 65-0949450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	KOSLOW, BRIAN M	CITY-STATE-ZIP	
STREET ADDRESS	1112 WESTON ROAD		
CITY-STATE-ZIP	WESTON FL 33326		
DOCUMENT #		STREET ADDRESS	
NAME	KOSLOW, MERYL J	CITY-STATE-ZIP	
STREET ADDRESS	1112 WESTON ROAD		
CITY-STATE-ZIP	WESTON FL 33326		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-STATE-ZIP			

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

954-347-2492

STAPLE CHECK HERE