


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

FILED
Feb 05, 2007 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # A99000001595 | |  |
| 1. Entity Name MARVIN ROSS FRIEDMAN FAMILY LIMITED PARTNERSHIP | | |
| Principal Place of Business 2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134 | | Mailing Address 2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134 |



| | | | |
|---|---------|---|---------|
| 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 |

1st MOORE CR2E003 (10/06)

| | | |
|--|--|--|
| 4. FEI Number 65-0930971 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent SINGER, MICHAEL S ESQ. 3801 PGA BLVD., STE. 802 PALM BEACH FL 33410 | | 7. Name and Address of New Registered Agent 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. * 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 # | FRIEDMAN, MARVIN ROSS 2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134 | STREET ADDRESS | U000000624244 02/14/07 80023-008 500.75 |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # | | CITY-ST-ZIP | |
| NAME | | STREET ADDRESS | |
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| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | STREET ADDRESS | |

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: _____

MARVIN ROSS FRIEDMAN

2/2/07 305-446-6485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE