


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Jul 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001913</b> 1. Entity Name WESTREICH FAMILY LTD.	
---	---

Principal Place of Business C/O MRS. HELENE WESTREICH 9999 COLLINS AVENUE, APT. 17K BAL HARBOUR, FL 33154	Mailing Address C/O MRS. HELENE WESTREICH 9999 COLLINS AVENUE, APT. 17K BAL HARBOUR, FL 33154
--	--



07122007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0963068	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  
  
CUMMINGS, PAUL M  
1428 BRICKELL AVENUE  
4TH FLOOR  
MIAMI, FL 33131

**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.

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

<b>FILE NOW!!! FEE IS \$500.00</b> <b>Due by September 14, 2007</b>	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
--	--

**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	
DOCUMENT #	P99000098116
NAME	WESTREICH CORPORATION
STREET ADDRESS	9999 COLLINS AVENUE APT. 17K
CITY - ST - ZIP	BAL HARBOUR, FL 33154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000770633  
07/26/07-80006-006 500.00

**DO NOT WRITE IN THIS SPACE**

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 <i>Helene Westreich</i> <b>Helene Westreich</b> 7/19/07	Date	Daytime Phone # 305-867-7680 760-431-2268
---	------	--