


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 26 AM 9:48

DOCUMENT # A99000002266	
1. Entity Name WORONOFF LIMITED PARTNERSHIP	

Principal Place of Business 200 INDIAN HARBOR DRIVE VERO BEACH, FL 32963	Mailing Address <i>PMB 158</i> 505 BEACHLAND BLVD, BOX 158 Ste 1 PAK MAIL BEACHSIDE VERO BEACH, FL 32963
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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

07062007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0970279	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <i>BY Corporate Services, Inc.</i> VALDES FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401 <i>(W/C only)</i>

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
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FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	P99000111868	STREET ADDRESS	
NAME	WORONOFF MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	200 INDIAN HARBOR DRIVE		
CITY-ST-ZIP	VERO BEACH, FL 32963		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

000106816740
 07/27/07--01027--006 **900.00
 BLT

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>Patricia Woronoff</i>	2-9-07 (772) 231-4589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE