

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 03, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # B03000000038 1. Entity Name E.B. FAMILY PARTNERS, LTD. | | | | | |
| Principal Place of Business 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023 | | | Mailing Address 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 65-0401581 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04232007 Chg-LP CR2E003 (12/06) | |
| 6. Name and Address of Current Registered Agent BEN-SHMUEL, IZAC 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 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 # | G05290900003 | | STREET ADDRESS | | |
| NAME | BEN-SHMUEL GP TRUST, U/A/D 27TH DAY OF AUG | | CITY-ST-ZIP | | |
| STREET ADDRESS | 101 S STATE ROAD 7, SUITE 201 | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33023 | | | | |
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| CITY-ST-ZIP | | | | | |
| 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: | | | 04/30/07 954-985-3827 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER BEN-SHMUEL | | | Date Daytime Phone # | | |

STAPLE CHECK HERE