

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 05, 2008 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 # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04172008 Chg-LP CR2E003 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0401581 | 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 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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP | G05290900003 BEN-SHMUEL GP TRUST, U/A/D 27TH DAY OF AUG 101 S STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | UN00000947393 06/02/08-80013-001 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS 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: Izac Ben-Shmuel 4/24/2008 754-985-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE