



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # B04000000450	
1. Entity Name MEUCHADIM OF FLORIDA, L.P.	

Principal Place of Business 1209 ORANGE STREET C/O THE CORPORATION TRUST COMPANY NEW CASTLE COUNTY, DE 19801	Mailing Address 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024
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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



01172007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1607632	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		7. Name and Address of New Registered Agent	
FALIC, SIMON 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024		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, 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 # NAME STREET ADDRESS CITY-ST-ZIP	M04000004291 MEUCHADIM MANAGEMENT OF FLORIDA, L.L.C. 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024	STREET ADDRESS	
		CITY-ST-ZIP	
			U00000598032
			01/24/07-80060-014 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	
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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:  **1/19/07 9549867560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #