

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

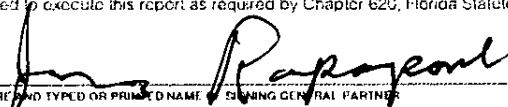
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2007 APR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E603 (10/06)

DOCUMENT # B06000000333					
1. Entity Name J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 700 NORTH OLIVE AVENUE, SUITE #2 WEST PALM BEACH FL 33401			Mailing Address 700 NORTH OLIVE AVENUE, SUITE #2 WEST PALM BEACH FL 33401		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FET Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, AMY E 700 NORTH OLIVE AVENUE, SUITE #2 WEST PALM BEACH FL 33401				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 filer, if applicable.					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	F06000005879		STREET ADDRESS		
NAME	J.A. RAPAPORT FAMILY MANAGEMENT, INC.		CITY- ST- ZIP		
STREET ADDRESS	700 NORTH OLIVE AVENUE, SUITE #2				
CITY- ST- ZIP	WEST PALM BEACH FL 33401				
DOCUMENT #			STREET ADDRESS	100101231531	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE