2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar 05, 2007 08:00 A Secretary of State

DOCUMENT # B9800000178 1. Entity Name TASMAN FINANCIAL LIMITED PARTNERSHIP					Secretary of Sta				
Principal Plac	ce of Business	Mailing Address			1 .			,	
	1717 N. BAYSHORE DR.								
MIAMI, FL 3	3132-1160	MIAMI, FL 33132-1	1160		1 1001501 1010	: 	311 88 111 88 116 88		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02062007	Chg-LP	CR2E0	03 (12/06)		
City & State		City & State		4. FEI Numbe			Applied For Not Applicable		
Zip	Country	Zıp	Count	ry	1	of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CANTWF	CANTWELL. RONALD				Name				
	1717 N. BAYSHORE DR.			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	MIAMI, FL 33132-1160						•		
	L.				City FL Zip Code			Zip Code	
	enamed entity submits this statement litions of registered agent.	or the purpose of changing	g its registere	d office or register	red agent, or both	a, in the State of Fl	orida, Tam I	familiar with, and accept	
Signature, typed or printed name of registered agent and little if applicable					DATE				
	FILE NO After May 1,	W!!! FEE IS \$500.00 2007, Fee will be \$9	0 900.00						
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS AY NOT be changed or	ENTITY MU	JST BE REGIST	TERED AND A	CTIVE WITH THE	IS OFFICI	E.	
12.	GENERAL PARTNER INFORMATION		13.						
DOCUMENT # NAME	F98000001696 ARJAY ENTERPRISES, INC.		STREE	T ADDRESS		U000005	56503	ia 500 00	
STREET ADDRESS CITY-ST-ZIP	1717 N. BAYSHORE DR., #233 MIAMI, FL 331321160	1	CITY-	ST-ZIP	·	erspen de 11 mer 1 me		•	
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DOCUMENT / NAME			STREE	T ADDRESS					

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE: Ronald Boulevel Signature and Typedor Printed NAME OF SIGNING GENERAL PARTN

3/1/2807 (385) 377-9613 Date Daytime Phone #