

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

FILL IN
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 2:56



DOCUMENT # A06000001552		1. Entity Name SAMET FAMILY PARTNERSHIP, L.P.	
Principal Place of Business 4300 ALTON ROAD, SUITE 208 MIAMI BEACH, FL 33140		Mailing Address 4300 ALTON ROAD, SUITE 208 MIAMI BEACH, FL 33140	
2. Principal Place of Business / No P.O. Box # 5951 ALTON ROAD		3. Mailing Address 5951 ALTON ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33140-2024	Country	Zip 33140-2024	Country
4. FEI Number 52-2007096		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 BOHATCH, JOHN S 7301 SW 57 COURT, SUITE 560 SOUTH MIAMI, FL 33143		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \$900.00 On or after September 14, 2007, Fee will be \$1000.00			
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	BLT
NAME	SAMET, GERALD H	CITY-ST-ZIP	
STREET ADDRESS	4553 STERN AVE.		
CITY-ST-ZIP	SHERMAN OAKS, CA 91423		
DOCUMENT #	NAME	STREET ADDRESS	400106831324 07/24/07--01042--001 **900.00
NAME	SAMET DZIEKANSKI, JOAN	CITY-ST-ZIP	
STREET ADDRESS	101 W. 23RD STREET, APT. 2L		
CITY-ST-ZIP	NEW YORK, NY 10011		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <i>[Signature]</i>		Date: 7/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE

[Handwritten signature] 7/9/07