

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000007	
1. Entity Name ARONOFF FAMILY LIMITED PARTNERSHIP	

Principal Place of Business C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH, FL 33467	Mailing Address C/O ROSALYN CRANE 4522 HAZELTON LANE LAKE WORTH, FL 33467
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0453908		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARONOFF, JOEL S 4522 HAZELTON LANE LAKE WORTH, FL 33467		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 date if applicable

9. Capital Contributions as Shown on record. \$2,327,252.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	CRANE, ROSALYN	STREET ADDRESS	
NAME	4522 HAZELTON LANE	CITY - ST - ZIP	
STREET ADDRESS	LAKE WORTH, FL 33467		
CITY - ST - ZIP			
DOCUMENT #	MORD, ANNETTE	STREET ADDRESS	
NAME	4392 JAMES ESTATE COURT	CITY - ST - ZIP	
STREET ADDRESS	LAKE WORTH, FL 33467		
CITY - ST - ZIP			
DOCUMENT #	ARONOFF, HERBERT	STREET ADDRESS	
NAME	6771 FIJI CIRCLE	CITY - ST - ZIP	
STREET ADDRESS	BOYNTON BEACH, FL 33437		
CITY - ST - ZIP			
DOCUMENT #	ARONOFF, JOEL	STREET ADDRESS	
NAME	759 EAST RAMBLING DRIVE	CITY - ST - ZIP	
STREET ADDRESS	WELLINGTON, FL 33417		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rosalyn Crane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/05 *561-432-2255*
Date Daytime Phone #

STAPLE CHECK HERE