

2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 29 AM 10:55

DOCUMENT # A95000001690

1. Entry Name
THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1858 RINGLING BLVD
SARASOTA, FL 34236**

Mailing Address
**P.O. BOX 49348
SARASOTA, FL 34230**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

09192006 REIN-LP CR2E100 (11/05)

4. FEI Number
65-0609906

Applied For
No: Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CLARKE, ROBERT P
1858 RINGLING BLVD
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and then I apply for a (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00
After January 1, 2007, Fee will be \$2000.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	FRIEDMAN, BETSY SUE	9 WILD ROSE HILL	BEARVILLE, NY 12409
	FRIEDMAN NORTON, AMY G	149 HAVER ROAD	OLIVEBRIDGE, NY 12461
	FRIEDMAN, NANCY	99 BANK STREET, APT 6H	NEW YORK, NY 10014
	FRIEDMAN-LYONS, GERI	16 QUAKER BRIDGE ROAD	OSSINING, NY 10562

13. ADDRESS CHANGES ONLY

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: Amy Friedman-Norton Date: Sept 19, 06 Daytime Phone: 8456572404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

[Handwritten initials]



REINSTATEMENT 2006