


2009
2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 28 AM 11:22

DOCUMENT # A96000002245	
1. Entity Name SELKO FAMILY NUMBER ONE LIMITED PARTNERSHIP	

Principal Place of Business 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS, FL 33410	Mailing Address 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS, FL 33410
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02162008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706092	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SELKO, SOLL L 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS, FL 33410

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IN THIS SPACE

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 \$500.00
After May 1, 2008, Fee will be \$900.00

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	SELKO, SOLL L
STREET ADDRESS	3121 BURGUNDY DRIVE NORTH
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
DOCUMENT #	
NAME	SELKO, MILDRED L
STREET ADDRESS	3121 BURGUNDY DRIVE NORTH
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
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CITY- ST- ZIP	
DOCUMENT #	
NAME	
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 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

Date

Daytime Phone #

STAPLE CHECK HERE