

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000002364

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** THE MALKIN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4089 ROBERTS POINT ROAD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

4089 ROBERTS POINT ROAD  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 65-0718197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALKIN, RICHARD B M.D.  
4089 ROBERTS POINT ROAD  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MALKIN, RICHARD B M.D.  
Address: 4089 ROBERTS POINT ROAD  
City-St-Zip: SARASOTA, FL 34242

Document #:

Name: MALKIN, CYNTHIA S  
Address: 4089 ROBERTS POINT ROAD  
City-St-Zip: SARASOTA, FL 34242

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD B MALKIN

MGR

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date