

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 12, 2008**

**DOCUMENT # A97000000976**

1. Entity Name  
FINEBERG FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
13616 DEERING BAY DR  
CORAL GABLES, FL 33158

Mailing Address  
13616 DEERING BAY DR  
CORAL GABLES, FL 33158

**DO NOT WRITE IN THIS SPACE**

**FILED**  
08 JUL 21 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0751015	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

SCHNEIDER, LINDA  
13616 DEERING BAY DR  
CORAL GBLES, FL 33158

**DO NOT WRITE 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 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P97000039303
NAME	FINEBERG FAMILY HOLDINGS, INC.
STREET ADDRESS	13616 DEERING BAY DR
CITY-ST-ZIP	CORAL GABLES, FL 33158
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200133392032  
07/24/08--01025--009 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: Linda Schneider (305)254-3671  
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone =