


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # A97000002710

1. Entity Name
NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP



Principal Place of Business
2228 ORIOLE DRIVE
SARASOTA, FL 34239-3731

Mailing Address
2228 ORIOLE DRIVE
SARASOTA, FL 34239-3731

DO NOT WRITE IN THIS SPACE



02252008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-6253593	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

SIEGEL, NORMAN
2228 ORIOLE DRIVE
SARASOTA, FL 34239

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 *Norman Siegel* DATE 4.1.08

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	SIEGEL, NORMAN
STREET ADDRESS	2228 ORIOLE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
DOCUMENT #	
NAME	SIEGEL, RUTH LILA
STREET ADDRESS	2228 ORIOLE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/16/08-80022-012 500.00

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: *Norman Siegel* **NORMAN SIEGEL** DATE 4.1.08 DAYTIME PHONE # 941.955.1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER