

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000112

**Entity Name:** THE Y&A FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1000 FAIRWINDS DR  
ANNAPOLIS, MD 21409

**Current Mailing Address:**

1000 FAIRWINDS DR  
ANNAPLOIS, MD 21409 US

**FEI Number:** 58-2460534

**Certificate of Status Desired:** No

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

WITTE, LARRY F  
2211 EAST SAMPLE ROAD  
SUITE 104  
LIGHTHOUSE POINT, FL 33064 US

*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:** LARRY F WITTE

02/06/2023

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name MICHAEL D. GOLDBERG, AS CO-TRUSTEE OF YALE L. GOLDBERG IRREVOCABLE TRUST

Address 26 COLLINSON LEE LANE

City-State-Zip: EDGEWATER MD 21037

Document #

Name LARRY S. GOLDBERG, AS CO-TRUSTEE OF YALE L. GOLDBERG IRREVOCABLE TRUST

Address 1000 FAIRWINDS DR

City-State-Zip: ANNAPOLIS MD 21409

Document #

Name MICHAEL D. GOLDBERG, AS CO-TRUSTEE OF CAROL ANN GOLDBERG FAMILY TRUST

Address 1000 FAIRWINDS DR

City-State-Zip: ANNAPOLIS MD 21409

Document #

Name LARRY S. GOLDBERG, AS CO-TRUSTEE OF CAROL ANN GOLDBERG FAMILY TRUST

Address 1000 FAIRWINDS DR

City-State-Zip: ANNAPOLIS MD 21409

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY WITTE

**REGISTERED AGENT**

02/06/2023

Electronic Signature of Signing General Partner Detail

Date