

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000867

**Entity Name:** NG FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**FEI Number:** 20-0541761

**Certificate of Status Desired:** No

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

SACHER, CHARLES P  
2655 LE JEUNE RD  
SUITE 1101  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name NG, LLC

Address 2614 PONCE DE LEON BLVD.

City-State-Zip: CORAL GABLES FL 33134

*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:** NG, LLC

**MGR**

**02/25/2015**

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

\_\_\_\_\_  
Date