

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A09000000114

Entity Name: THE SPECTOR FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

5660 COLLINS AVE APT 17D
MIAMI BEACH, FL 33140

Current Mailing Address:

5660 COLLINS AVE APT 17D
MIAMI BEACH, FL 33140

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHER, CHARLES P
2655 LEJEUNE ROAD SUITE 1101
CORAL GABLES, FL 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 SPECTOR FAMILY GP, LLC
Address 5660 COLLINS AVE APT 17D
City-State-Zip: MIAMI BEACH FL 33140

Document #

Name SPECTOR, SHIRLEY S
Address 5660 COLLINS AVE APT 17D
City-State-Zip: MIAMI BEACH FL 33140

Document #

Name DECKER, ANNA S
Address 18 ETON ROAD
City-State-Zip: SCARSDALE NY 10583

Document #

Name FEUERSTEIN, DERNA S
Address 18 OAK STREET
City-State-Zip: TENAFLY NJ 07670

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: ANNA DECKER

PARTNER

01/09/2015

Electronic Signature of Signing General Partner Detail

Date