

2016 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 36 BAYNE PLACE
City-State-Zip: WHITE PLAINS NY 10605

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**GENERAL PARTNER****02/13/2016**_____
Electronic Signature of Signing General Partner Detail_____
Date