

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A12495

**Entity Name:** FRYD FAMILY ASSOCIATES, LTD.

**Current Principal Place of Business:**

523 MICHIGAN AVE.  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

523 MICHIGAN AVE.  
MIAMI BEACH, FL 33139

**FEI Number:** 59-2181258

**Certificate of Status Desired:** No

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

FRYD, JONATHAN  
523 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139 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 FRYD, JONATHAN  
Address 523 MICHIGAN AVENUE  
City-State-Zip: MIAMI BEACH FL

Document #

Name FRYD, PAUL  
Address 523 MICHIGAN AVE.  
City-State-Zip: MIAMI BEACH FL

Document #

Name FRYD, MICHAEL  
Address 523 MICHIGAN AVE.  
City-State-Zip: MIAMI BEACH FL

Document #

Name SCHECHTER, CAROLINE FRYD  
Address 523 MICHIGAN AVE.  
City-State-Zip: MIAMI BEACH FL

Document #

Name FRYD, LEE SHARON  
Address 523 MICHIGAN AVE.  
City-State-Zip: MIAMI BEACH FL

*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:** JONATHAN FRYD

**RA**

**02/15/2013**

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

\_\_\_\_\_  
Date