

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A14000000144

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC8254824562**

**Entity Name:** E-FAY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6075 VIA CRYSTALLE  
DELRAY BEACH, FL 33481

**Current Mailing Address:**

6075 VIA CRYSTALLE  
DELRAY BEACH, FL 33481

**FEI Number:** 04-3492780

**Certificate of Status Desired:** No

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

ELLIS, SETH E ESQ  
C/O TRIPP SCOTT, P.A.  
4755 TECHNOLOGY WAY, SUITE205  
BOCA RATON, FL 33431 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            YAFFE, LEE E  
Address        6075 VIA CRYSTALLE  
City-State-Zip: DELRAY BEACH FL 33481

Document #  
Name            GAGNON, GAYLE  
Address        1544 BROADWAY  
City-State-Zip: HANOVER MA 02339

Document #  
Name            FISCHER, KAREN M  
Address        177 SOUTHHAMPTON DRIVE  
City-State-Zip: MASSAPEQUA NY 11758

*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:** LEE YAFFE

**GP**

**04/07/2016**

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

\_\_\_\_\_  
Date