

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A16000000494

**Entity Name:** BAM FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1915 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

1915 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316

**FEI Number:** 82-1306265

**Certificate of Status Desired:** No

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

LABINER, PAUL  
5499 N FEDERAL HWY  
K  
BOCA RATON, FL 33487 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 #

Document #

Name LABINER, PAUL

Name SALVER, PAUL

Address 5499 N FEDERAL HWY STE K

Address 2721 EXECUTIVE DRIVE

City-State-Zip: BOCA RATON FL 33487

City-State-Zip: WESTON FL 33331

*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:** PAUL LABINER

**PTR**

**04/27/2018**

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

\_\_\_\_\_  
Date