

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001583

**Entity Name:** THOMAS L. & DEBORAH W. ALTMAN FAMILY LIMITED PARTNERSHIP

**FILED**  
**Jan 23, 2014**  
**Secretary of State**  
**CC8749988812**

**Current Principal Place of Business:**

1000 N.E. 2ND STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

1000 N.E. 2ND STREET  
BELLE GLADE, FL 33430

**FEI Number:** 65-0537590

**Certificate of Status Desired:** No

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

ALTMAN, THOMAS  
1000 N.E. SECOND STREET  
BELLE GLADE, FL 33430 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 ALTMAN, DEBORAH W

Address 1000 N.E. 2ND STREET

City-State-Zip: BELLE GLADE FL 33430

*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:** DEBORAH W. ALTMAN

**GENERAL PARTNER**

**01/23/2014**

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

\_\_\_\_\_  
Date