

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001594

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC7689507773**

**Entity Name:** THE PLUZNICK FAMILY LIMITED PARTNERSHIP L.L.L.P.

**Current Principal Place of Business:**

401 E. LINTON BLVD.  
SUITE 425  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

401 E. LINTON BLVD.  
SUITE 425  
DELRAY BEACH, FL 33483 US

**FEI Number:** 65-0717171

**Certificate of Status Desired:** No

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

MILLER, LAWRENCE J  
2101 NW CORPORATE BLVD  
SUITE 107  
BOCA RATON, FL 33432 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:** LAWRENCE J MILLER

03/08/2018

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #  
Name PLUZNICK, SELMA R  
Address 401 E. LINTON BLVD.  
SUITE 425  
City-State-Zip: DELRAY BEACH FL 33483

Document #  
Name PLUZNICK-MARRIN, MARCY  
Address 4561 FABLE CT.  
City-State-Zip: SANTA ROSA CA 95404

Document #  
Name PLUZNICK, MICHAEL  
Address 401 E. LINTON BLVD.  
APT. 425  
City-State-Zip: DELRAY BEACH FL 33483

*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:** SELMA R. PLUZNICK

GP

03/08/2018

Electronic Signature of Signing General Partner Detail

Date