

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000032

**Entity Name:** PHYLIRV, LTD.

**Current Principal Place of Business:**

2689 NW45TH ST  
2689 N.W. 45TH STREET  
BOCA RATON, FL 33434

**Current Mailing Address:**

2689 NW45TH ST  
2689 N.W. 45TH STREET  
BOCA RATON, FL 33434

**FEI Number:** 65-0810723

**Certificate of Status Desired:** No

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

COHN, ALAN B  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309 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	FELDMAN, IRVING	Name	FELDMAN, PHYLLIS
Address	2689 NW 45TH ST.	Address	2689 NW 45TH ST.
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434

*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:** IRVING FELDMAN

**GENERAL PARTNER**

**01/16/2013**

Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date