

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 3, 2008**

**DOCUMENT # A00000001970**

1. Entity Name

NEURINGER ENTERPRISES, LTD.



**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business

4060 LANSING AVENUE  
COOPER CITY FL 33028

Mailing Address

4060 LANSING AVENUE  
COOPER CITY FL 33028

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E003 (4/08)

4. FEI Number  
65-1061941

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZARUS, BARRETT S ESQ.  
7162 NOB HILL ROAD  
TAMARAC FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable.

DATE

\$ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

**File Now!!! Fee is \$900.00 Due By September 3, 2008**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000115678  
NAME NEURINGER MANAGEMENT, INC.  
STREET ADDRESS 4060 LANSING AVENUE  
CITY-ST-ZIP COOPER CITY FL 33028

STREET ADDRESS

CITY-ST-ZIP

000000958457  
08/27/08-80004-001 500.00

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/25/08 (954) 720-5858

STAPLE CHECK HERE