

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000391

1. Entity Name
SP FAMILY LTD.



Principal Place of Business
2940 N.W. 188TH STREET, #111
AVENTURA, FL 33180

Mailing Address
2940 N.W. 188TH STREET, #111
AVENTURA, FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05272004

Chg-LP

CR2E003 (10/03)

4. FEI Number

52-2302033

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

COHN, ALAN B ESQ.
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 32320

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 title if applicable

DATE

9. Capital Contributions
as Shown on record. **\$500.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P00000075988**
NAME **AVENTURA REHAB, INC.**
STREET ADDRESS **2940 N.W. 188TH STREET, #111**
CITY-ST-ZIP **AVENTURA, FL 33180**

STREET ADDRESS

CITY-ST-ZIP

U000000162409
05/10/04-800003-016 141.25

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lee S. Barbach* LEE S. BARBACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/27/04

Date

305-932-5505

Daytime Phone #

STAPLE CHECK HERE