

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000666

1. Entity Name
NORMAN & RUTH RUSS FAMILY LTD.



Principal Place of Business
% RUTH & NORMAN RUSS
9350 W BAY HARBOR DR., #4C
BAY HARBOR ISLANDS, FL 33154

Mailing Address
% LORI MISHKIN
PO BOX 630176
MIAMI, FL 33163

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	RUSS, RUTH G TRUSTEE	9350 W BAY HARBOR DR.	BAY HARBOR ISLANDS, FL 33154
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	RUSS, DENIS A	1004 10TH ST.	MIAMI BEACH, FL 33154
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MISHKIN, LORI R	PO BOX 630176	MIAMI, FL 33163
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	N. CAUSSEAU		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	JAN 11 2008		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	EXAMINER		

01/08/08--8004-019 500.00

200114595242
01/09/08--01040--014 **508.75

**DO NOT WRITE
IN THIS SPACE**

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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 #

1/7/08 305-785-5796

STAPLE CHECK HERE

FILED
08 JAN 19 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052008 No Chg-LP CR2E003 (12/06)

4. FEI Number
04-3663633

Applied For
Not Applicable

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