

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001084

1. Entity Name
LYNN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
TWO SOUTH UNIVERSITY DRIVE, SUITE 215
PLANTATION, FL 33324

Mailing Address
TWO SOUTH UNIVERSITY DRIVE, SUITE 215
PLANTATION, FL 33324



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
01-0739646

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
MIAMI, FL 33131

**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, 2007, 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 # PO2000085212
NAME LYNN INVESTMENT MANAGEMENT CORP.
STREET ADDRESS TWO SOUTH UNIVERSITY DRIVE, SUITE 215
CITY-ST-ZIP PLANTATION, FL 33324

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000585380
01/18/07-80012-024 500.00

**DO NOT WRITE
IN THIS SPACE**

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 #

STAPLE CHECK HERE