

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 AM 10:21

DOCUMENT # A02000001341

1. Entity Name
SAFER FAMILY LTD.



Principal Place of Business
5705 COCO PALM DRIVE
TAMARAC, FL 33319

Mailing Address
5705 COCO PALM DRIVE
TAMARAC, FL 33319

2. Principal Place of Business
111 BANYAN ISLE DR.
Suite, Apt. #, etc.

3. Mailing Address
111 BANYAN ISLE DR.
Suite, Apt. #, etc.

02172005 Chg-LP CR2E003 (10/03)

City & State
PALM BEACH GARDENS, FL
Zip Country
33418 USA

City & State
PALM BEACH GARDENS, FL
Zip Country
33418 USA

4. FEI Number
02-0637257
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

LEGE, LARRY CPA
800 W. CYPRESS CREEK RD.
#470
FORT LAUDERDALE, FL 33309

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 *Larry Legel*
Signature, typed or printed name of registered agent, and title if applicable.

2/15/05
DATE

9. Capital Contributions
as Shown on record: \$2,675,544.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
AARONSON, SHEILA
5705 COCO PALM DRIVE
TAMARAC, FL 33319

STREET ADDRESS
CITY-ST-ZIP
111 BANYAN ISLE DR.
PALM BEACH GARDENS, FL 33418

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
000047876360
03/08/05--01013--019 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: *Sheila Aaronson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/05 954 4938900
Date Daytime Phone #

STAPLE CHECK HERE