

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

DOCUMENT # A02000001525 1. Entity Name BERNARD RUBIN FAMILY LIMITED PARTNERSHIP, LTD.	
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FILED

08 AUG -5 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2120 SW 93RD WAY #1401 FT. LAUDERDALE FL 33324	Mailing Address 2120 SW 93RD WAY #1401 FT. LAUDERDALE FL 33324
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2nd MOORE CR2E003 (4/08)

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

4. FEI Number 16-1641832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
RUBIN, BERNARD 2120 SW 93RD WAY FT. LAUDERDALE FL 33324	

7. Name and Address of New Registered Agent	
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.

S.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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	
DOCUMENT #	
NAME	RUBIN, BERNARD
STREET ADDRESS	2120 SW 93RD WAY
CITY-ST-ZIP	FT. LAUDERDALE FL 33324
DOCUMENT #	
NAME	RUBIN, BETTY
STREET ADDRESS	2120 SW 93RD WAY
CITY-ST-ZIP	FT. LAUDERDALE FL 33324
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
800134017428 08/06/08--01009--020 **500.00	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Bernard Rubin G.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/31/08 631-698-1191
Date Daytime Phone #

STAPLE CHECK HERE