2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A02000001736

THE JOSEPH AND ESTELLE FINKEL FAMILY LIMITED **PARTNERSHIP**



Principal Place of Business

6835 MILANI STREET LAKE WORTH, FL 33467-5901 Mailing Address

6835 MILANI STREET LAKE WORTH, FL 33467-5901

FILED Jul 16, 2008 08:00 AM Secretary of State



07022008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 14-1858294 Applied For

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

FINKEL, ESTELLE 6835 MILANI STREET LAKE WORTH, FL 33467-5901

DO NOT WRITE IN THIS SPACE

FILE NOW!!! FEE IS \$900.00 On or after September 12, 2008, Fee will be \$1000.00	
Signature, typed or printed name of registered agent and title if applicable	DATE
SIGNATURE	
the obligations of registered agent.	Title State of Florida Tarriannia Willi, and accept

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.

ı	get constant and selection	
Į	12. GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	TRUST AGREEMENT OF JOSEPH FINKEL 6835 MILANI STREET LAKE WORTH, FL 334675901
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	TRUST AGREEMENT OF ESTELLE T. FINKEL 6835 MILANI STREET LAKE WORTH, FL 334675901
	DOCUMENT A NAME STREET ADDRESS GITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	·
	DOCUMENT # NAME STREET ADDRESS	

DO NOT WRITE IN THIS SPAC

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:

CITY-ST-ZIP