

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000343

FILED
Mar 23, 2009
Secretary of State

Entity Name: M&J HERMAN FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

9536 SAVONA WINDS DR
DELRAY BEACH, FL 334469751 US

New Principal Place of Business:

Current Mailing Address:

9536 SAVONA WINDS DR
DELRAY BEACH, FL 334469751 US

New Mailing Address:

FEI Number: 56-2321026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDEL, MICHELLE S
9536 SAVONA WINDS DR
DELRAY BEACH, FL 334469751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: HERMAN, JOSEPH L

Address: 9536 SAVONA WINDS DR.

City-St-Zip: DELRAY BEACH, FL 334469751 US

Document #:

Name: HANDEL, MICHELLE S

Address: 9536 SAVONA WINDS DR.

City-St-Zip: DELRAY BEACH, FL 334469751 US

Document #:

Name: HERMAN, ALEC

Address: 9536 SAVONA WINDS DR

City-St-Zip: DELRAY BEACH, FL 334469751 US

Document #:

Name: HERMAN, SCOTT

Address: 9536 SAVONA WINDS DR

City-St-Zip: DELRAY BEACH, FL 334469751 US

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE HANDEL

GP

03/23/2009

Electronic Signature of Signing General Partner

Date