

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 20 AM 9:19

DOCUMENT # A03000000658 1. Entity Name THE BETTE FISCHER FAMILY LIMITED PARTNERSHIP U.A.D.					
Principal Place of Business 3400 S. OCEAN BLVD. #121 HIGHLAND BEACH, FL 33487			Mailing Address 3400 S. OCEAN BLVD. #121 HIGHLAND BEACH, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1165026	
				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		
SCHWARTZ, HOWARD 621 N.W. 53RD. STREET SUITE 390 BOCA RATON, FL 33487			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$990.00		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	000056609230	
STREET ADDRESS	3400 S. OCEAN BLVD. #121		CITY-ST-ZIP	06/28/05--01032--001 **541.25	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		STREET ADDRESS		
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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: <i>Bette Fischer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 6/14/05 Daytime Phone # 516-466-0312		

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