

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 14 AM 8:15

**DOCUMENT # A03000001348**

1. Entity Name  
 THE ROBERT D. GROSSMAN FAMILY LIMITED  
 PARTNERSHIP



Principal Place of Business  
 12700 BISCAYNE BLVD., SUITE 206  
 MIAMI, FL 33181

Mailing Address  
 12700 BISCAYNE BLVD., SUITE 206  
 MIAMI, FL 33181



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

03192008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 APPLIED FOR

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

GROSSMAN, ROBERT D  
 12700 BISCAYNE BLVD., SUITE 206  
 MIAMI, FL 33181

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 GROSSMAN, ROBERT D  
 STREET ADDRESS 12700 BISCAYNE BLVD., SUITE 206  
 CITY-ST-ZIP MIAMI, FL 33181

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

700123071567  
 04/11/08--01048--011 \*\*500.00

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: *Robert D. Grossman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/08

Date

Devoice Phone \*

STAPLE CHECK HERE