

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000349

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** BERKOWITZ FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

11401 NORTHWEST 19TH STREET  
PLANTATION, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

11401 NW 19TH ST.  
PLANTATION, FL 33323 US

**New Mailing Address:**

FEI Number: 45-0536909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERKOWITZ, BRUCE M.D.  
11401 NW 19TH ST.  
PLANTATION, FL 33323 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: BERKOWITZ, JOANNA

Address: 11401 NORTHWEST 19TH STREET

City-St-Zip: PLANTATION, FL 33323 FL

**ADDRESS CHANGES ONLY:**

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: JOANNA BERKOWITZ

GP

01/09/2009

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date