

2005 LIMITED PARTNERSHIP ANNUAL REPO
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # A04000001085

1. Entity Name
P. SIMON FAMILY LIMITED PARTNERSHIP, LLLP



Principal Place of Business
5570 LA GORCE DRIVE
MIAMI BEACH, FL 33140

Mailing Address
5570 LA GORCE DRIVE
MIAMI BEACH, FL 33140

2. Principal Place of Business

3. Mailing Address

5570 LA GORCE DRIVE **5570 LA GORCE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01102005 Chg-LP CR2E003 (10/03)

City & State

City & State

MIAMI BEACH

FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33140

USA

33140

USA

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

SIMON, PIRHIA
5570 LA GORCE DRIVE
MIAMI BEACH, FL 33140

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

9. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

1,500,000.00

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 #

SIMON, PIRHIA

NAME

5570 LA GORCE DRIVE

STREET ADDRESS

MIAMI BEACH, FL 33140

CITY-ST-ZIP

STREET ADDRESS

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DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Pirhia Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 19 - 2005

Date

Daytime Phone #

STAPLE CHECK HERE