

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

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A05000000283**

1. Entity Name  
**NORINE ROBERTS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**5900 WOODWIND COURT  
GREENACRES, FL 33463**

Mailing Address  
**5900 WOODWIND COURT  
GREENACRES, FL 33463**



01302008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2327166**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KARP, JSOEPH S ESQ.  
2875 PGA BLVD., SUITE 100  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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**

DOCUMENT # **L05000011942**  
NAME **ULE, L.L.C.**  
STREET ADDRESS **5900 WOODWIND COURT**  
CITY-ST-ZIP **GREENACRES, FL 33463**

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**U00000854316**  
**03/27/08-80003-002 500.00**

**DO NOT WRITE  
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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: *Norine Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*3-5-08*

Date

Daytime Phone #

STAPLE CHECK HERE