

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 3, 2008**

DOCUMENT # A05000000427

1. Entity Name

BRAVER FAMILY LIMITED PARTNERSHIP



FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business
**675 LAKEWOOD CIRCLE WEST
DELRAY BEACH FL 33445**

Mailing Address
**675 LAKEWOOD CIRCLE WEST
DELRAY BEACH FL 33445**



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

2nd MOORE

CR2E003 (4/08)

4. FEI Number

20-2592780

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

**BRAVER, FAY
675 LAKEWOOD CIRCLE W
DELRAY BEACH FL 33445**

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

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

☐

File Now!!! Fee is \$900.00 Due By September 3, 2008

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
CITY-ST-ZIP

**BRAVER, JOSEPH
675 LAKEWOOD CIRCLE WEST
DELRAY BEACH FL 33445**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**BRAVER, FAY
675 LAKEWOOD CIRCLE WEST
DELRAY BEACH FL 33445**

STREET ADDRESS
CITY-ST-ZIP

U000000958962
09/03/08-80011-001 900.00

DOCUMENT #
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Fay Braver

Aug 26, 2008

Date Daytime Phone #

248-251-9922

STAPLE CHECK HERE