

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000449

**FILED**  
**Jul 23, 2008**  
**Secretary of State**

**Entity Name:** SOLOMON FAMILY PARTHERS, LTD.

**Current Principal Place of Business:**

ONE GROVE ISLE DRIVE, APT. 205  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

ONE GROVE ISLE DRIVE, APT. 205  
COCONUT GROVE, FL 33133

**New Mailing Address:**

1313 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316

**FEI Number:** 20-4432186      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

BORKSON, ELLIOT P  
1313 S. ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316      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 #: L06000015403  
Name: M. SOLOMON, LLC  
Address: ONE GROVE ISLE DRIVE, APT. 205  
City-St-Zip: COCONUT GROVE, FL 33133

**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: ELLIOT P. BORKSON

RA

07/23/2008

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

\_\_\_\_\_  
Date