

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000558

1. Entity Name
ETHEL B. FELDMAN FAMILY PARTNERSHIP #4, LTD.



Principal Place of Business
**1400 SOUTH OCEAN BLVD., APT. 1601-NORTH
 BOCA RATON, FL 33435**

Mailing Address
**3801 PGA BLVD., SUITE 902
 PALM BEACH GARDENS, FL 33410**

FILED

08 FEB -8 PM 3:40

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



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

01072008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-8525265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SILVERMAN, THOMAS N
 3801 PGA BLVD., SUITE 902
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

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

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P06000057735**
 NAME **ETHEL B. FELDMAN COMPANY, INC.**
 STREET ADDRESS **1400 SOUTH OCEAN BLVD., APT. 1601-NORTH**
 CITY-ST-ZIP **BOCA RATON, FL 33435**

STREET ADDRESS

CITY-ST-ZIP

**600116672406
 02/01/08--01023--005 **\$500.00**

DOCUMENT #
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 CITY-ST-ZIP

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STREET ADDRESS

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:

Ethel B. Feldman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-08

Date

Daytime Phone #

561-368-8809

STAPLE CHECK HERE