

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**DOCUMENT # A07000000442**

1. Entity Name  
**S.B.N. FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**



Principal Place of Business  
**1150 N. 35 AVE. SUITE 590  
 HOLLYWOOD, FL 33021**

Mailing Address  
**1150 N. 35 AVE. SUITE 590  
 HOLLYWOOD, FL 33021**

**FILED**

**08 JUL 24 AM 11:06**

**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

07102008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**20-8636877**

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

**JONATHAN H. GREEN & ASSOCIATES, P.A.  
 799 BRICKELL PLAZA, SUITE 700  
 MIAMI, FL 33131**

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  
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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

**NOVAK, STEPHEN B M.D.  
 1150 N. 35 AVE. SUITE 590  
 HOLLYWOOD, FL 33021**

STREET ADDRESS

CITY-ST-ZIP

**000133689070  
 07/29/08--01006--007 \*\*\$00.00**

DOCUMENT #

NAME

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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:**

*Stephen B. Novak M.D.*  
 Trustee general partner

*Stephen B. Novak*

*July 16, 2008*

*954-963-7100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE