


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 8:16

DOCUMENT # A07000001201 1. Entity Name SEYMOUR AND PEARL GORDON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP		
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Principal Place of Business 1201 SOUTH OCEAN DRIVE, #1601-NORTH HOLLYWOOD, FL 33019	Mailing Address 1201 SOUTH OCEAN DRIVE, #1601-NORTH HOLLYWOOD, FL 33019
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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



03102008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-1201283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, STE. 700 MIAMI, FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	GORDON, SEYMOUR	STREET ADDRESS	
NAME	1201 SOUTH OCEAN DRIVE, #1601-NORTH	CITY- ST- ZIP	
STREET ADDRESS	HOLLYWOOD, FL 33019		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	600123067956
NAME		CITY- ST- ZIP	04/11/08--01044--022 **500.00
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STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

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: *Seymour Gordon* **3/13/08** **954-428-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #