


2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A94000001059</b> 1. Entity Name <b>THE RASHKIN FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>% JOSEPH RASHKIN, M.D. 3307 MORRISON AVE. TAMPA, FL 33609</b>	Mailing Address <b>% JOSEPH RASHKIN, M.D. P.O. BOX 15837 TAMPA, FL 34684-5837</b>
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02082008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3258482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RASHKIN, JOSEPH C RASHKIN, JOSEPH MD 3307 MORRISON AVE. TAMPA, FL 33609</b>
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**DO NOT WRITE  
IN THIS SPACE**

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	
DOCUMENT #	
NAME	<b>RASHKIN, JOSEPH C</b>
STREET ADDRESS	<b>3307 MORRISON AVE.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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03/27/08-80001-009 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE