

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000000073

1. Entity Name
DORIS KATZ FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**5111 A LAKE CATALINA DR.
BOCA RATON, FL 33496**

Mailing Address
**5111 A LAKE CATALINA DR.
BOCA RATON, FL 33496**



01222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0569623

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, CORINNE
5111 A LAKE CATALINA DR
BOCA RATON, FL 33496**

**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

Corinne Hernandez **CORINNE HERNANDEZ GP** Jan 31/08

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**

U000000815884
02/14/08-80028-005 500.00

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
STREET ADDRESS
CITY-ST-ZIP
**HERNANDEZ, CORINNE
2580 SOUTH OCEAN BOULEVARD #2-B-3
PALM BEACH, FL 33480**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HERNANDEZ, CORINNE TRUSTEE
2580 SOUTH OCEAN BOULEVARD #2-B-3
PALM BEACH, FL 33480**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**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:

Corinne Hernandez Jan 31/08 (561) 241-6091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE