

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000000599

1. Entity Name

THE FRIEDMAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

**2600 DOUGLAS ROAD, SUITE 1011
CORAL GABLES FL 33134**

**2600 DOUGLAS ROAD, SUITE 1011
CORAL GABLES FL 33134**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E003 (10/06)

4. FEI Number

65-0567819

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRIEDMAN, GARY A
2600 DOUGLAS ROAD, SUITE 1011
CORAL GABLES FL 33134**

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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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
**FRIEDMAN, GARY A
2600 DOUGLAS ROAD, SUITE 1011
CORAL GABLES FL 33134**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
**FRIEDMAN, LISA E
2600 DOUGLAS ROAD, SUITE 1011
CORAL GABLES FL 33134**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

000000626744
02/15/07-80033-025 500.00

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 #

Gary Friedman

2/5/07

305-446-6485

STAPLE CHECK HERE