

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # A95000001407

1. Entity Name
DROZDOW FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**590 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

Mailing Address
**590 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**



DO NOT WRITE IN THIS SPACE

04032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0655208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DROZDOW FAMILY GP CORP.
590 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

**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.

000000781759
05/25/07-80068-016 500.00
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
STREET ADDRESS
CITY-ST-ZIP
**DROZDOW, GILBERT
590 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**P95000072545
DROZDOW FAMILY GP CORP.
590 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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

2018

Daytime Phone #