


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 25, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A95000002055 1. Entity Name SHUBIN FAMILY LIMITED PARTNERSHIP |  |
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|---|---|
| Principal Place of Business 175 NE SPANISH TRAIL BOCA RATON, FL 33432 | Mailing Address 175 NE SPANISH TRAIL BOCA RATON, FL 33432 |
|---|---|

DO NOT WRITE IN THIS SPACE



03312008 No Chg-LP

CR2E003 (12/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 95-4560362 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES, INC. 11780 US HWY. ONE STE. 300 NORTH PALM BEACH, FL 33408 |
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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.

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 STREET ADDRESS CITY - ST - ZIP | SHUBIN, BILL 175 NE SPANISH TRAIL BOCA RATON, FL 33432 |
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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:  **April 15, 2008** **561-395-2228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Bill Shubin

STAPLE CHECK HERE