

# LIMITED PARTNERSHIP ANNUAL REPORT (AR)

192

DOCUMENT # **A9600000990**  
1. Entity Name **BERRIE FAMILY LTD PARTN**



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 27 PM 12:48

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**14745 DRAFT HORSE LN JAM**  
Suite, Apt. #, etc.  
City & State **WELLINGTON FL 33414**  
Zip **33414** Country **USA**

3. Mailing Address  
**JAM**  
Suite, Apt. #, etc.  
City & State  
Zip Country

CR2E003B (12/05)

**DUE BY MAY 1**

4. FEL Number **65-0719985**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6.  
**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **BERRIE FAMILY CORP**  
Street Address (P.O. Box Number is Not Acceptable) **14745 DRAFT HORSE**  
City **WELLINGTON FL 33414**

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 **M L Berrie PTNR** DATE **6/28/07**  
Signature, typed or printed name of registered agent and title if applicable

11. Jan. - May 1 Fee is \$500.00  
After May 1, Fee is \$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 # **096000088175**  
NAME **Berrie Family Corp.**  
STREET ADDRESS **14745 Draft Horse Lane**  
CITY-ST-ZIP **West Palm Beach, FL 33414**  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.  
STREET ADDRESS  
CITY-ST-ZIP **600106978316**  
**07/31/07--01023--010 \*\*500.00**  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
**DO NOT WRITE IN THIS SPACE**  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP

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: **M L Berrie** DATE **6/28/07** **561 790 7779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone \*

STAPLE CHECK HERE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2007

THE BERRIE FAMILY LIMITED PARTNERSHIP  
14745 DRAFT HORSE LANE  
WELLINGTON, FL 33414-1008

SUBJECT: THE BERRIE FAMILY LIMITED PARTNERSHIP  
Ref. Number: A96000001990

We have received your document for THE BERRIE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$900.00, which includes a \$400 late fee. If a certificate of status is desired, please include an additional \$8.75.

Block 7 must contain the name and address of the registered agent and registered office. According to our records, BERRIE FAMILY CORP. is the current registered agent. Please note the registered office address must be a Florida street address.

The annual report/uniform business report/reinstatement must be signed by a general partner.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 207A00045424

PLEASE WAIVE LATE FEE  
AS WE NEVER RECEIVED  
THE DOCUMENT UNTIL I RETURNED  
MG from