

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007**

DOCUMENT # A96000002065

1. Entity Name:

**PHILIP M. & SYLVIA STEINBERG FAMILY LIMITED
PARTNERSHIP**



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 26 AM 9:47

Principal Place of Business
**8814 BELLS MILL ROAD
POTOMIC MD 20854**

Mailing Address
**8814 BELLS MILL ROAD
POTOMIC MD 20854**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E003 (4/07)

4. FEI Number
65-0702567

Applied For
Not Applicable

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

**LILIENFELD, ROBERT CPA
2670 NE 215 ST
MIAMI FL 33180-2839**

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. and

SIGNATURE _____
Signature type _____

3016

S.607.193(2)(b), F.S., allows for the waiver of
the \$400.00 late fee. By checking this box,
the limited partnership certifies it did not
receive prior notice. Fee to file is \$500.00.

☐

File Now!!! Fee is \$900.00 • Due By September 5, 2007

**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 # **P96000092066**
NAME **STEINBERG CORPORATION**
STREET ADDRESS **8814 BELLS MILL ROAD**
CITY - ST - ZIP **POTOMIC MD 20854**

STREET ADDRESS

CITY - ST - ZIP

**300106816713
07/27/07--01027--005 **900.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE