

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000002067

1. Entity Name
THE RUTH LIPPMAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
5194 WINDSOR PARKE DR.
BOCA RATON, FL 33496 US

Mailing Address
5194 WINDSOR PARKE DR.
BOCA RATON, FL 33496 US



01032008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0718508

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENSON, NANCY
5194 WINDSOR PARKE DR.
BOCA RATON, FL 33496

**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

DATE

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
LIPPMAN, LAWRENCE M
20 THIXTON DR.
HEWLETT HARBOR, NY 11557

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BENSON, NANCY
5194 WINDSOR PARK DRIVE
BOCA RATON, FL 33496

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U000000775322
01/08/08-80024-021 500.00

**DO NOT WRITE
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:

Nancy Benson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/3/08 561
989-8836

STAPLE CHECK HERE