

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000002342

1. Entity Name
THE NATHAN SKOP FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**7900 B LEXINGTON CLUB BLVD
DELRAY BEACH, FL 33446**

Mailing Address
**7900 B LEXINGTON CLUB BLVD
DELRAY BEACH, FL 33446**



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-6254919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**SKOP, NATHAN
621 N.W. 53RD. STREET, SUITE 390
BOCA RATON, FL 33487**

**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

Nathan Skop
Signature, typed or printed name of registered agent and title if applicable

1-10-08

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
**SKOP, NATHAN
7900 B LEXINGTON CLUB BLVD
DELRAY BEACH, FL 33446**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**SKOP, HELEN
7900 B LEXINGTON CLUB BLVD
DELRAY BEACH, FL 33446**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000784364
01/16/08-80048-016 500.00

**DO NOT WRITE
IN THIS SPACE**

*Pl. 1-10-08
#1646*

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:

Nathan Skop
NATHAN SKOP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-08

1-841-637

Date

Daytime Phone #

STAPLE CHECK HERE