


FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002364			
1. Entity Name THE MALKIN FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 4089 ROBERTS POINT ROAD SARASOTA, FL 34242		Mailing Address 4089 ROBERTS POINT ROAD SARASOTA, FL 34242	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MALKIN, RICHARD B M.D. 4089 ROBERTS POINT ROAD SARASOTA, FL 34242		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	MALKIN, RICHARD B M.D. 4089 ROBERTS POINT ROAD SARASOTA, FL 34242	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	MALKIN, CYNTHIA S 4089 ROBERTS POINT ROAD SARASOTA, FL 34242	STREET ADDRESS	
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Richard B. Malkin (Richard B. Malkin)		Date: 4/5/05 Daytime Phone #: 941-349-4217	