

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A96000002487

1. Entity Name
THE BRODY FAMILY LIMITED PARTNERSHIP #1



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY -6 AM 10: 06

Principal Place of Business
4251 ROCK ISLAND ROAD
809
LAUDERHILL, FL 33319

Mailing Address
4251 ROCK ISLAND ROAD
809
LAUDERHILL, FL 33319



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152008 Chg-LP CRZE003 (12/06)

City & State

City & State

4. FEI Number
65-0725096

Applied For
 Not Applicable

Zip Country

Zip Country

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

BRODY, HILDA
4251 ROCK ISLAND ROAD
809
LAUDERHILL, FL 33319

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **BRODY, NORMAN**
 STREET ADDRESS **4809 HOLLY DRIVE**
 CITY-ST-ZIP **TAMARAC, FL 33319**

STREET ADDRESS

CITY-ST-ZIP

100128750181
05/07/08--01012--005 **\$500.00

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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:

Hilda Brody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/08

Date

954-305-7863

Daytime Phone #

STAPLE CHECK HERE