

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A97000000379

1. Entity Name
 THE WEXLER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 % SHIRLEY WEXLER BRODLIEB
 5210 ESTATES DRIVE
 DELRAY BEACH, FL 33486-4385

Mailing Address
 % SHIRLEY WEXLER BRODLIEB
 5210 ESTATES DRIVE
 DELRAY BEACH, FL 33486-4385



2. Principal Place of Business - No P.O. Box #
 Wexler Goldman LLC
 Suite, Apt. #, etc.
 9973 NW 15 Ct
 City & State
 Coral Springs FL
 Zip
 33071
 Country
 USA

3. Mailing Address
 c/o J Wexler
 Suite, Apt. #, etc.
 9973 NW 15 Ct
 City & State
 Coral Springs FL
 Zip
 33071
 Country
 USA

04012008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0726539
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAN ROTHBERG & ASSOCIATES, PA
 SUITE 302
 3101 N. FEDERAL HIGHWAY
 FT. LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name
 James Wexler
 Street Address (P.O. Box Number is Not Acceptable)
 90 Princeton St
 2501 NW 17th Lane
 City
 Pompano Beach FL Zip Code
 33064

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	
DOCUMENT #	Wexler Goldman LLC
NAME	9973 NW 15 Ct
STREET ADDRESS	Coral Springs, FL 33071
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300123071629
CITY-ST-ZIP	04/11/08--01048--012 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: James Wexler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/08 954 978-6444

Date Daytime Phone #