

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000379

**FILED**  
**Jan 25, 2009**  
**Secretary of State**

**Entity Name:** THE WEXLER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

% WEXLER GOLDMON LLC  
9973 NW 15 CT  
CORAL SPRINGS, FL 330714385

**New Principal Place of Business:**

**Current Mailing Address:**

% WEXLER GOLDMON LLC  
9973 NW 15 CT  
CORAL SPRINGS, FL 330714385

**New Mailing Address:**

% WEXLER GOLDMON LLC  
1440 CORAL RIDGE DRIVE, #321  
CORAL SPRINGS, FL 33071

**FEI Number:** 65-0726539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEXLER, JAMES  
C/O PRINTSMART  
2501 NW 17 LANE  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

WEXLER, JAMES  
9973 NW 15TH CT  
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE:

01/25/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L07000009428  
Name: WEXLER GOLDMAN LLC  
Address: 9973 NW 15 CT  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

GP

01/25/2009

Electronic Signature of Signing General Partner

Date