


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 04, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # A97000002710 1. Entity Name NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP |  |
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| Principal Place of Business 2228 ORIOLE DRIVE SARASOTA, FL 34239-3731 | Mailing Address 2228 ORIOLE DRIVE SARASOTA, FL 34239-3731 |
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-LP

CR2E003 (12/06)

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|---|--|
| 4. FEI Number 65-6253593 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SIEGEL, NORMAN 2228 ORIOLE DRIVE SARASOTA, FL 34239 |
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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 *Norman Siegel* DATE 4.1.08

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

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| FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 |
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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 | SIEGEL, NORMAN |
| STREET ADDRESS | 2228 ORIOLE DRIVE |
| CITY-ST- ZIP | SARASOTA, FL 34239 |
| DOCUMENT # | |
| NAME | SIEGEL, RUTH LILA |
| STREET ADDRESS | 2228 ORIOLE DRIVE |
| CITY-ST- ZIP | SARASOTA, FL 34239 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |

DO NOT WRITE IN THIS SPACE

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04/16/08-80022-012 500.00

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: *Norman Siegel* **NORMAN SIEGEL** DATE 4.1.08 Daytime Phone # 941.955.1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE