

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000000140

1. Entity Name
SAFF ATLANTIC PROPERTIES, LTD.



Principal Place of Business
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062

Mailing Address
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062



01252006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0811553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAFF, HARVEY J
1440 SOUTH OCEAN BOULEVARD, #8C
POMPANO BEACH, FL 33062

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 SAFF, HARVEY J TRUSTEE
STREET ADDRESS 1440 SOUTH OCEAN BOULEVARD, #8C
CITY-ST-ZIP POMPANO BEACH, FL 33062

DOCUMENT #
NAME SAFF, MYRA H TRUSTEE
STREET ADDRESS 1440 SOUTH OCEAN BOULEVARD, #8C
CITY-ST-ZIP POMPANO BEACH, FL 33062

DOCUMENT #
NAME SAFF, HARVEY J TRUSTEE
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CITY-ST-ZIP

UD00000414758
02/11/06-80051-008 500.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

984-941-3578

STAPLE CHECK HERE