

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000831

FILED
Apr 04, 2009
Secretary of State

Entity Name: THE GLICKSMAN FAMILY PARTNERSHIP, LTD.

Current Principal Place of Business:

HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN
4603 LAKE IN THE WOODS DR.
SPRING HILL, FL 34607

New Principal Place of Business:

Current Mailing Address:

HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN
4603 LAKE IN THE WOODS DR.
SPRING HILL, FL 34607

New Mailing Address:

FEI Number: 59-3511330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS RD., STE. 230
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: GLICKSMAN, HOWARD M M.D.
Address: 4603 LAKE IN THE WOODS DR.
City-St-Zip: SPRING HILLS, FL 34607

Document #:

Name: GLICKSMAN, BERNARDA
Address: 4603 LAKE IN THE WOODS DR.
City-St-Zip: SPRING HILLS, FL 34607

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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: HOWARD M. GLICKSMAN

Electronic Signature of Signing General Partner

04/04/2009

Date