

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001523**

1. Entity Name  
**THE SHELDON A. PERLICK FAMILY LIMITED  
PARTNERSHIP**



Principal Place of Business  
**2770 SOUTH OCEAN DRIVE, #401 - NORTH  
PALM BEACH, FL 33480**

Mailing Address  
**2770 SOUTH OCEAN DRIVE, #401 - NORTH  
PALM BEACH, FL 33480**



01092007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0266977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PERLUCK, ESTHER  
2770 SOUTH OCEAN DRIVE, #401 - NORTH  
PALM BEACH, FL 33480**

**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, 2007, Fee will be \$900.00**

**000000600824  
01/26/07-80026-016 500.00**

**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  
**PERLUCK, ESTHER TRUSTEE  
2770 SOUTH OCEAN DRIVE, #401 - NORTH  
PALM BEACH, FL 33480**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PERLUCK, ESTHER TRUSTEE  
2770 SOUTH OCEAN DRIVE, #401 - NORTH  
PALM BEACH, FL 33480**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PERLUCK, JAMES H TRUSTEE  
2770 SOUTH OCEAN DRIVE, #401 - NORTH  
PALM BEACH, FL 33480**

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**

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

**1-22-07**

Date

**561-582-1314**

Daytime Phone #

STAPLE CHECK HERE