

2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008

FILED  
Mar 12, 2008 08:00 A  
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



02262008 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

PERLICK, 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, 2008, 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 PERLICK, ESTHER TRUSTEE  
STREET ADDRESS 2770 SOUTH OCEAN DRIVE, #401 - NORTH  
CITY - ST - ZIP PALM BEACH, FL 33480

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

U00000855702  
03/27/08-80061-015 500.00

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: X

*Esther Perlick*

3-4-08

561-582-1314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ESTHER PERLICK

STAPLE CHECK HERE