

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000001571

1. Entity Name
GOODMAN FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 PM 12:14

Principal Place of Business
C/O EVELYN GOODMAN
6245 S.W. 117TH TERRACE
MIAMI, FL 33156

Mailing Address
C/O EVELYN GOODMAN
6245 S.W. 117TH TERRACE
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #
8801 Scenic Highway
 Suite, Apt. #, etc.

3. Mailing Address
8801 Scenic Highway
 Suite, Apt. #, etc.

City & State
Pensacola, FL
 Zip
32514-8268 Country

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04012008 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0850466

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, EVELYN
6245 SW 117 TERRACE
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 # **P98000057461**
 NAME **GOODMAN GENERAL PARTNER, INC.**
 STREET ADDRESS **6245 S.W. 117TH TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33156**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **8801 Scenic Highway**
 CITY-ST-ZIP **Pensacola, FL 32514-8268**

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 CITY-ST-ZIP

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:

Evelyn Goodman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/08

Date

Daytime Phone #

STAPLE CHECK HERE

BLT

850-484-2889