

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000002035

1. Entity Name
**AARON SCHECTER AND MARTHA S. SCHECTER
FAMILY LTD.**



Principal Place of Business
**4500 NORTH SURF ROAD
HOLLYWOOD, FL 33019**

Mailing Address
**4500 NORTH SURF ROAD
HOLLYWOOD, FL 33019**



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0866794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GLASSER, GENE K ESQ.
100 W. CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE, FL 33309**

**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**

U00000807709
02/07/08-80018-023 500.00

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
**SCHECTER, JULIE
72 WEST BERLIN ROAD
BOLTON, MA 01740**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCHECTER, LAURIE
4500 NORTH SURF ROAD
HOLLYWOOD, FL 33019**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Laurie Schecter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE