

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000002119

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** HOLZER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

545 WEST 37TH STREET  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

545 WEST 37TH ST.  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0884269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLZER, DAVID  
545 WEST 37TH STREET  
MIAMI BEACH, FL 33140 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: HOLZER, DAVID  
Address: 545 WEST 37TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Document #:

Name: HOLZER, RONA  
Address: 545 WST 37TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

**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: DAVID HOLZER

GP

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date