


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000026 1. Entity Name THE NOWAK FAMILY LIMITED PARTNERSHIP					
Principal Place of Business C/O JOEL NOWAK, FINCH REALTY 55 CENTRAL AVENUE FARMINGDALE, NY 11735			Mailing Address C/O JOEL NOWAK, FINCH REALTY 55 CENTRAL AVENUE FARMINGDALE, NY 11735		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2432151	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NEWMAN, IRWIN 1515 PARKSIDE CIRCLE SOUTH BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. \$2,499,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F99000000093		STREET ADDRESS		
NAME	NOWAK, INC.		CITY-ST-ZIP		
STREET ADDRESS	55 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		



04252005 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2432151 Applied For Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date _____ Daytime Phone # _____

STAPLE CHECK HERE