

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A99000000170**

1. Entity Name  
**THE GOLDMEIER LIMITED PARTNERSHIP**



Principal Place of Business  
**201 CRANDON BLVD.  
APT. #1200  
KEY BISCAYNE, FL 33149**

Mailing Address  
**P.O. BOX 279  
KEY BISCAYNE, FL 33149**



01172008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0891262**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GOLDMEIER, BARRY S  
201 CRANDON BOULEVARD  
SUITE 1200  
KEY BISCAYNE, FL 33149**

**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**

U000000858897  
04/01/08-80062-018 500.00

**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 # **P99000008259**  
NAME **BURTRUDY, INC.**  
STREET ADDRESS **201 CRANDON BLVD., STE 1200**  
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Lee S - Goldmeier*

*3/10/08*