

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # A99000000924

1. Entity Name
THE DLM FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3900 ISLAND BLVD., APT. 203-B
AVENTURA, FL 33160**

Mailing Address
**3900 ISLAND BLVD., APT. 203-B
AVENTURA, FL 33160**



02042008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0927850

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

**NELSON, BARRY A ESQ.
C/O NELSON & ASSOC. PA
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160**

**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**

**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 # **P99000017084**
NAME **PEARL SIEGAL FAMILY HOLDINGS, INC.**
STREET ADDRESS **3900 ISLAND BLVD., APT. 203-B**
CITY-ST-ZIP **AVENTURA, FL 33160**

DOCUMENT #
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000000862603
04/03/08-80056-017 500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Dooris B. Sullivan
DOORIS B. SULLIVAN 3-14-08 305-937-1909

STAPLE CHECK HERE