

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000000960

1. Entity Name
BECKER PARTNERSHIP, LTD.



Principal Place of Business
**16285 PORT DICKINSON DRIVE
JUPITER, FL 33477**

Mailing Address
**16285 PORT DICKINSON DRIVE
JUPITER, FL 33477**



04192007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0930270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKER, STANLEY R
16285 PORT DICKINSON DRIVE
JUPITER, FL 33477**

**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, 2007, 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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BECKER, STANLEY R
16285 PORT DICKINSON DRIVE
JUPITER, FL 33477**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**ORAN, HILARY B
127 E 64TH STREET
NEW YORK, NY 10021**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**SALINGER, BETSY B
77 OLMSTEAD HILL ROAD
WILTON, CT 06897**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BECKER, JONI JOY
245 EAST 63RD STREET, APT. 1817
NEW YORK, NY 10021**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000762401
05/29/07-80008-002 500.00

**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 #

STAPLE CHECK HERE