

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # A99000002019

1. Entity Name
POLIVY ENTERPRISES LIMITED PARTNERSHIP



Principal Place of Business
**10908 BOCA WOODS LANE
BOCA RATON, FL 33428**

Mailing Address
**10908 BOCA WOODS LANE
BOCA RATON, FL 33428**



01082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965530

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POLIVY, BERNICE
10908 BOCA WOODS LANE
BOCA RATON, FL 33428**

**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**

U00000701327
04/20/07-80055-003 500.00

**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**POLIVY, BERNICE
10908 BOCA WOODS LANE
BOCA RATON, FL 33428**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**P99000100341
POLIVY ENTERPRISES, INC.
10908 BOCA WOODS LANE
BOCA RATON, FL 33428**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

**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

4/07/07
Date

561-479-0849
Daytime Phone #

STAPLE CHECK HERE