

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000125

**Entity Name:** LIFE FUND PARTNERSHIP, L.P.

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

92 HARTSHORN DRIVE  
SHORT HILLS, NJ 07078

**New Principal Place of Business:**

**Current Mailing Address:**

92 HARTSHORN DRIVE  
SHORT HILLS, NJ 07078

**New Mailing Address:**

**FEI Number:** 22-3651776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EICHLER, PHILIP  
1225 BREAKERS BLVD.  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: EICHLER, PHILIP  
Address: 92 HARTSHORN DR.  
City-St-Zip: SHORT HILLS, NJ 07078

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: EICHLER, CAROL  
Address: 92 HARTSHORN DR.  
City-St-Zip: SHORT HILLS, NJ 07078

Address:  
City-St-Zip:

Document #:

Name: EICHLER, JOEL TRUSTEE  
Address: 22 HILLTOP ROAD  
City-St-Zip: SHORT HILLS, NJ 07078

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP N. EICHLER

DR

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date