

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

**DOCUMENT # B06000000333**

1. Entity Name

J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP



Principal Place of Business

700 NORTH OLIVE AVENUE, SUITE #2  
WEST PALM BEACH, FL 33401

Mailing Address

700 NORTH OLIVE AVENUE, SUITE #2  
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-LP

CR2E003 (12/06)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, AMY E  
700 NORTH OLIVE AVENUE, SUITE #2  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 # F06000005879  
NAME J.A. RAPAPORT FAMILY MANAGEMENT, INC.  
STREET ADDRESS 700 NORTH OLIVE AVENUE, SUITE #2  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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 #

**FILED**

**08 FEB -8 PM 3:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE