

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B06000000333

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 03-0476754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHULTZ, AMY E  
700 NORTH OLIVE AVENUE, SUITE #2  
WEST PALM BEACH, FL 33401 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 #: F06000005879  
Name: J.A. RAPAPORT FAMILY MANAGEMENT, INC.  
Address: 700 NORTH OLIVE AVENUE, SUITE #2  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDRESS CHANGES ONLY:**

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: JAMES A RAPAPORT

PRES

01/26/2010

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

\_\_\_\_\_  
Date