

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # B07000000352

1. Entity Name
NORTHVILLE PRODUCT SERVICES, LP



FILED

08 JUL 18 PM 2:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 25 MELVILLE PARK ROAD, STE 210 MELVILLE, NY 11747 MELVILLE	Mailing Address 25 MELVILLE PARK ROAD, STE 210 MELVILLE, NY 11747 MELVILLE
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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

07082008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-3863927

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F07000005613**
NAME **NORTHVILLE MANAGEMENT CORP.**
STREET ADDRESS **25 MELVILLE PARK ROAD, STE 210**
CITY-ST-ZIP **MELVILLE, NY 11747**

STREET ADDRESS
CITY-ST-ZIP **MELVILLE**

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STREET ADDRESS
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:

BY: Steven A. Lessmann, Corporate Controller

**631-753-4350
07/08/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE