

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000593

**Entity Name:** KIMMEL LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON  
2699 SOUTH BAYSHORE DRIVE, SUITE 300  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON  
2699 SOUTH BAYSHORE DRIVE, SUITE 300  
COCONUT GROVE, FL 33133

**FEI Number:** 01-0671158

**Certificate of Status Desired:** No

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

MICHELSON, GERALD  
C/O KAUFMAN ROSSIN & CO.  
2699 SOUTH BAYSHORE DRIVE, SUITE 300  
COCONUT GROVE, FL 33133 US

*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 Detail :**

Document #

Name KIMMEL GENERAL PARTNER TRUST

Address 2699 SOUTH BAYSHORE DRIVE,  
SUITE 500

City-State-Zip: COCONUT GROVE FL 33133

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERALD MICHELSON

RA

01/18/2016

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

\_\_\_\_\_  
Date