

**2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001222

**Entity Name:** 8051 WEST SUNRISE BOULEVARD BUILDING LIMITED PARTNERSHIP

**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**7848839974CC**

**Current Principal Place of Business:**

8051 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322

**Current Mailing Address:**

8051 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322

**FEI Number:** 20-0547173

**Certificate of Status Desired:** No

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

TAVAKKOLI, HASSAN  
8051 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322 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 # P03000068744  
Name SOUTH FLORIDA EYE CENTER BUILDING, INC.  
Address 8051 WEST SUNRISE BOULEVARD  
City-State-Zip: PLANTATION FL 33322

*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: HASSAN TAVAKKOLI

CEO

02/09/2019

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

\_\_\_\_\_ Date