

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000020

**Entity Name:** COVERED BRIDGE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1500 SOUTH OCEAN BLVD. #403  
403  
BOCA RATON, FL 33432

**Current Mailing Address:**

1500 SOUTH OCEAN BLVD. #403  
BOCA RATON, FL 33432 US

**FEI Number:** 04-0370026

**Certificate of Status Desired:** No

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

ROSTOFF, HARRIETT  
1500 SOUTH OCEAN BLVD. #403  
BOCA RATON, FL 33432 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 PATRIOT INDIANA CORPORATION

Address 1500 SOUTH OCEAN BLVD. #403

City-State-Zip: BOCA RATON FL 33432

*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:** HARRIETT ROSTOFF

**GENERAL PARTNER**

**01/10/2021**

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

\_\_\_\_\_  
Date