

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A17000000232

**Entity Name:** LEE S. LASSER FAMILY LIMITED PARTNERSHIP, NO. 4

**Current Principal Place of Business:**

4100 N. POWERLINE ROAD  
SUITE B2  
POMPANO BEACH, FL 33073

**Current Mailing Address:**

4100 N. POWERLINE ROAD  
SUITE B2  
POMPANO BEACH, FL 33073

**FEI Number:** 82-1498941

**Certificate of Status Desired:** No

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

LASSER, DAVID A  
4100 N. POWERLINE ROAD  
SUITE B2  
POMPANO BEACH, FL 33073 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 LASSER, DAVID A TRUSTEE

Address 4100 N. POWERLINE ROAD, SUITE B2

City-State-Zip: POMPANO BEACH FL 33073

Document #

Name LOUIS, ROBIN E TRUSTEE

Address 4100 N. POWERLINE ROAD, SUITE B2

City-State-Zip: POMPANO BEACH FL 33073

Document #

Name LASSER, LEE S TRUSTEE

Address 4100 N. POWERLINE ROAD, SUITE B2

City-State-Zip: POMPANO BEACH FL 33073

*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:** DAVID LASSER

**PARTNER**

**01/02/2018**

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

\_\_\_\_\_  
Date