## 2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002068

Entity Name: SEYMOUR R. AND JOAN W. ROSEN FAMILY PARTNERSHIP,

LTD.

FILED
Mar 20, 2016
Secretary of State
CC5709356093

## **Current Principal Place of Business:**

4591 BERKLIE DR

TALLAHASSEE, FL 32308

# **Current Mailing Address:**

4591 BERKLIE DR

TALLAHASSEE, FL 32308

FEI Number: 59-3471260 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ROSEN, JOAN W 4591 BERKLIE DR TALLAHASSEE, FL 32308 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: JOAN W ROSEN 03/20/2016

Electronic Signature of Registered Agent Date

#### **General Partner Detail:**

Document # Document #

NameROSEN, SEYMOUR RNameROSEN, JOAN WAddress4591 BERKLIE DRAddress4591 BERKLIE DR

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

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: JOAN W. ROSEN

Electronic Signature of Signing General Partner Detail

GENERAL PARTNER

03/20/2016