

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 NOV 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership M.L. PROPERTIES LTD.		1a. DOCUMENT # A23602 <i>98-AR CM</i>	
Mailing Address C/O THE CUSTOM SHOP 401-412 ROUTE 23 FRANKLIN NJ 07416-0327		Principal Office Address C/O THE CUSTOM SHOP 401-412 ROUTE 23 FRANKLIN NJ 07416-0327	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 11/18/1986		5a. Capital Contributions as Shown on record. \$1,000.00	
3a. Date of Last Report 01/24/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-2741474 ☐ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent PARKEY, WILLIAM D C/O ISLAND REALTY & PROPERTY MGMT., INC. 139 NORTH COUNTY ROAD, SUITE 26 PALM BEACH FL 33480		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) C.S. MIDLAND CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 402-412 ROUTE 23	11b. City, State & Zip Code FRANKLIN NJ 07416	11c. Registration/Document Number F97000000396
300002360923--0 -12/02/97--01061--023 ****156.25 ****156.25			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <i>[Signature]</i>		DATE 11/14/97	
Typed or Printed Name of General Partner Signing Form _____		Daytime Telephone Number _____	

CR2E003 (6/97)