FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A28812

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS

98 DEC 28 AM 9: 08

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	A20012					1/12	
RICKENBACKER LIMITED							
Malling Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
1241 TREE BAY LANE	1241 TREE BAY LANE	1241 TREE BAY LANE		08/28/1989	\$313,500.00		
SARASOTA FL 34242	SARASOTA FL 34242		}	3a. Date of Last Report	45 15,300.00		
]_	12/16/1997	5b. Amo	unt of Capital ributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:		
				<u>FL</u>			
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		ļ	6. FEI Number	Applied For Not Applicable		
City & State	City & State			65-0140088			
Zip Country	Country Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
			ſ	8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office				
RAPPAPORT MARTIN							
1241 TREE BAY LANE			955 (P.O. 60)	is (P.O. Box Number Is Not Acceptable)			
SARASOTA FL 34242		Suite, Apt. #	Suite, Apt. #, etc.				
		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Flor	ned limited partne rida. Such chang	rship organi; e was autho	zed or registered under the laws of the rized by its general partner(s). I hereby DATE	State of Florida	da, submits this statement spoontment of registered	
A GENERAL PARTNER THAT MUS	IS A CORPORATION, BE REGISTERED AN	LIMITED ID ACTIV	PART	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener	rai Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
IMAR REAL ESTATE MANAGEMENT,	1241 TREE BAY LANE		SARASOTA FL		J88610		
				5000027 -01/14/ ****52	7423156 /9801083003 26.25 ****526.25		
Note: General partners MAY NOT	be changed on this for	m; an ame		nt must be filed to cha	inge a q	eneral partner.	
	g	,			3		

12. I do hereby certify that the information supplied with this filing is votastarily 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

grown Mextin Represpont

_ DATE___12/4/9V

____ Daytime Telaphone Number 9 41-346 -1931