

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

FILED  
97 DEC -4 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**

**1. Name of Limited Partnership**  
**THE A. C. FOX FIRST FAMILY LIMITED PARTNERSHIP**

**1a. DOCUMENT #**  
**A93000001058**



<b>Mailing Address</b> 18 VISTA ROAD PLAINVIEW NY 11803	<b>Principal Office Address</b> 1300 SOUTHWEST 130TH AVE., APT F304 PEMBROKE PINES FL 33027-2135	<b>3. Date Formed or Registered</b> 10/07/1993	<b>5a. Capital Contributions as Shown on record</b>  \$45,000.00
<b>2. Mailing Address</b> 1 MURIEL ROAD Suite, Apt. #, etc.	<b>2a. Principal Office Address</b> Suite, Apt. #, etc.	<b>3a. Date of Last Report</b> 11/26/1996	
<b>City &amp; State</b> PORT WASHINGTON N.Y.	<b>City &amp; State</b>	<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FL ORIDA to date:</b> 24,732-
<b>Zip</b> 11050	<b>Country</b> NASSAU	<b>6. FEI Number</b> 58-2073003	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> FOX, ALLAN 1300 SOUTHWEST 130TH AVE., APT. #F304 PEMBROKE PINES FL 33027-2135	<b>10. If changed, new Registered Agent/Office</b> Name: BRIAN FOX Street Address (P.O. Box Number is Not Acceptable): 1300 SOUTHWEST 130TH AVE., APT # F304 Suite, Apt. #, etc.: APT # F304 City: PEMBROKE PINES FL 33027-2135
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**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) *Allan Fox* DATE *11/30/97*

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> FOX, ALLEN FOX BRIAN	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1300 SOUTHWEST 130TH PEMBROKE PINES FL 33027	<b>11b. City, State &amp; Zip Code</b> PEMBROKE PINES FL 33027	<b>11c. Registration/Document Number</b> 800002375948-5 -12/17/87-01117-003 ****276.87 ****276.87
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**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 *Allan Fox* DATE *11/30/97*  
Typed or Printed Name of General Partner Signing Form: *ALLAN FOX* Daytime Telephone Number: *516-433-4718*

CR2E003 (6/97)