

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 23 PM 4:05

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000000809**

**SIMCHA FAMILY LTD.**

2-23



Mailing Address

2509 BAYISLE DR.  
FT. LAUDERDALE FL 33327

Principal Office Address

C/O HERBERT W. AND EAINA TRINKLER  
16251 GOLF CLUB ROAD, APT. 209  
FORT LAUDERDALE FL 33328

3. Date Formed or Registered

05/26/1995

5a. Capital Contributions as Shown on record.

\$650,000.00

3a. Date of Last Report

11/27/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0584758

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

COHN, ALAN B  
C/O ABRAMS, ANTON, ROBBINS, ET AL  
2021 TYLER STREET  
HOLLYWOOD FL 33022

10. If changed, new Registered Agent/Office

Name

FF \$526.25

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

100002426961--4

City

--02/10/98--01078--003

\*\*\*\*446.25 FL \*\*\*\*393.75

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)

TRINKLER, HERBERT W  
TRINKLER, ELAINE

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

2509 BAY ISLE DR  
2509 BAY ISLE DR

11b. City, State & Zip Code

FORT LAUDERDALE FL 33  
FORT LAUDERDALE FL 33

11c. Registration/Document Number

100002426961--4

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\*\*\*\*446.25 \*\*\*\*393.75

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\*\*\*\*80.00 \*\*\*\*80.00

**KWM**

**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

*Herbert Trinkler*

DATE

12/11/97

Typed or Printed Name of General Partner Signing Form

HERBERT TRINKLER

Daytime Telephone Number

954-384-1267

CR2E003 (6/97)