

TOWSON OFFICE  
105 W CHESAPEAKE AVENUE  
TOWSON, MD 21204  
410-321-0600

LAW OFFICES  
**LEVIN & GANN**  
A PROFESSIONAL ASSOCIATION  
MERCANTILE BANK & TRUST BUILDING  
2 HOPKINS PLAZA  
9TH FLOOR  
BALTIMORE, MARYLAND 21201  
410-539-3700  
TELECOPIER 410-625-9050

ELLIS LEVIN (1893-1960)

MAYER E. GUTTMAN  
DIRECT DIAL  
410-576-5249

**A95000001605**  
October 12, 1995

**700001618977**  
-10/24/95--01079--015  
\*\*\*1785.00 \*\*\*1785.00

Florida Department of State  
Division of Corporation  
P.O. Box 327  
Tallahassee, Florida 32314

Dear Sir/Madam:

I am enclosing a Certificate of Limited Partnership for the Lucille S. Alter Family Limited Partnership. Also enclosed is a check in the amount of \$1,785 as payment of the \$1,750 maximum filing fee and a \$35 designation for registered agent fee.

Should you have any questions or comments regarding the enclosed, feel free to contact me at the above address.

Please return the duplicate copy of this Certificate of Limited Partnership to me in the self-addressed stamped envelope provided.

Thank you for your assistance.

Sincerely,

  
Mayer E. Guttman

FILED  
1995 OCT 24 PM 1:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

MEG/fld:9429

Name	enclosure
Availability	11/25/95 dec
Document Examiner	
Updater	DCC
Modifier	
Verifier	
Value Adjustment	DCC
W. P. Verifier	DCC

TC  
\$1,000,000.00

A95000001605

CERTIFICATE OF LIMITED PARTNERSHIP  
OF

1. Lucille S. Alter Family Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited",  
"Ltd.", or "Limited Partnership")
2. 100 Bay View Drive, Arlen House East, Apartment 1226, N., Miami Beach, Florida 33160-4758  
(The Business Address of Limited Partnership)
3. Lucille S. Alter  
(Name of Registered Agent for Service of Process)
4. 100 Bay View Drive, Arlen House East, Apartment 1226, N. Miami Beach, Florida 33160-4758  
(Florida Street Address for Registered Agent)
5. Lucille S. Alter  
(Registered Agent must sign here to accept designation as Registered Agent for  
Service of Process.)
6. 100 Bay View Drive, Arlen House East, Apartment 1226, N. Miami Beach, Florida 33160-4758  
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is Dec. 31, 2045

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

Lucille S. Alter

100 Bay View Drive  
Arlen House East, Apt. 1226  
N. Miami Beach, Florida 33160-4758

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
Signature of all general partners:

Lucille S. Altier  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

FILED  
1995 OCT 24 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting all of the general partners of  
Lucille S. Alter Family Ltd. Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 1,000,000.

The total amount contributed and anticipated to be contributed by the limited partners  
at this time totals \$ 1,000,000.

This \_\_\_\_\_ day of \_\_\_\_\_, 19 95

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Lucille S. Alter  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

FILED  
1995 OCT 28 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 JAN -2 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership  
**Lucille S. Alter Family  
Limited Partnership**

1a. DOCUMENT #  
**A95000001605**

Mailing Address

Principal Office Address

**100 Bay View Drive, Arlen House East  
Apartment 1226  
N. Miami Beach, Florida 33160-4758**

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date formed or Registered to Do Business in  
FLORIDA  
**08-24-95**

3a. Date of Last Report  
**N/A**

4. State or Country of Formation  
**Florida**

City, State & Zip

2a. New Principal Office  
**01/11/96 01030-008**

Suite, Apt #, etc

City, State & Zip

5a. Capital Contributions as Shown  
on Record  
**\$1,000,000**

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FL Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**Lucille S. Alter  
100 Bay View Drive, Arlen House East  
Apartment 1226  
N. Miami Beach, Florida 33160-4758**

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

**Lucille S. Alter**

**100 Bay View Drive  
Arlen House East  
Apartment 1226**

**N. Miami Beach, FL  
33160-4758**

**A95000001605**

**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 Lucille S. Alter

DATE December 19, 1995

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (6/95)