

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

97 JAN 29 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001690**

**THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP**



Mailing Address  
2301 GULF OF MEXICO DRIVE, APT 71N  
LONGBOAT KEY FL 34228

Principal Office Address  
2301 GULF OF MEXICO DRIVE, APT 71N  
LONGBOAT KEY FL 34228

3. Date Formed or Registered  
**11/06/1995**

5a. Capital Contributions as  
Shown on record.

~~\$1,800,000.00~~  
**1,978,056**

3a. Date of Last Report  
**12/18/1995**

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

**1,978,056**

*amendment  
filed  
1/29/96*

2. Mailing Address

2a. Principal Office Address

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

6. FEI Number  
**65-0609906**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

8. Make check payable to: Dept. of State (See reverse side for fee information)

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**FRIEDMAN, ELINOR L**  
2301 GULF OF MEXICO DRIVE, APT 71N  
LONGBOAT KEY FL 34228

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City

**FL** Zip Code

*Out 1/29*

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

**FRIEDMAN, ELINOR L**  
**FRIEDMAN NORTON, AMY G**

2301 GULF OF MEXICO D  
74 OLD BEDFORD ROAD

LONGBOAT KEY FL 34228  
GOLDENS BRIDGE NY 105

111

400002073194  
-01/30/97-01002-002  
\*\*\*\*576.25 \*\*\*\*576.25

CR2E003 (6/96)

**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) of the Statute that the information supplied is deemed exempt from public access. I further certify that the information provided 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 X

*Elinor L. Friedman*

DATE

**12-14-96**

Typed or Printed Name of General Partner Signing Form

**ELINOR L. FRIEDMAN**

Daytime Telephone Number

**941-383 2048**