

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

LR 1/6

96 DEC 31 PM 1:25

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001988**



**TOPPEL PARTNERS LIMITED PARTNERSHIP**

Mailing Address  
**7800 GLADES RD. STE. 420  
BOCA RATON FL 33434**

Principal Office Address  
**7800 GLADES RD. STE. 420  
BOCA RATON FL 33434**

3. Date Formed or Registered  
**12/20/1995**

5a. Capital Contributions as Shown on record  
**\$2,000,000.00**

3a. Date of Last Report  
**01/10/1996**

5b. Amount of Capital Contributions in FLORIDA to date:  
**\*2,000,000.00**

2. Mailing Address

2a. Principal Office Address

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

Suite, Apt #, etc

Suite, Apt #, etc.

6. FEI Number  
**65-0253593**

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country Zip Country

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Off/ce

**SAUER, SHERI  
7900 GLADES RD., STE. 420  
BOCA RATON FL 33434**

Name  
**TOPPEL, JONATHAN**  
Street Address (P.O. Box Number Is Not Acceptable)  
**7900 GLADES ROAD**  
Suite, Apt #, etc.  
**SUITE 420**  
City  
**BOCA RATON FL 33434**

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 **12/20/96**

**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

**TOPPEL, HAROLD  
TOPPEL, PATRICIA**

**7900 GLADES RD., STE.  
7900 GLADES RD., STE.**

**BOCA RATON FL 33434  
BOCA RATON FL 33434**

**900002047993--5  
-01/07/97--01075--025  
\*\*\*\*576.25 \*\*\*\*576.25**

**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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **(561) 451-4696**

CR2E003 (6/96)