

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 2:14

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002107

CHIG PARTNERS, LTD.

Mailing Address

% SECURITY REALTY
15499 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162

Principal Office Address

% SECURITY REALTY
15499 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

12/29/1995

3a. Date of Last Report

01/12/1998

4. State or Country of Formation

FL

6. FEI Number

65-0634451

7. Certificate of Status Desired

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

5a. Capital Contributions as
Shown on record

\$26,041.00

5b. Amount of Capital
Contributions in FLECORP
to date

384.36

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

NORTH MIAMI BEACH COMMERCE CENTER, LC
16496 NE 31ST AVE.
ATTN: RHONDA KURZMAN
NORTH MIAMI BEACH FL 33160

10. If changed, new Registered Agent/Office

Name

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

15499 W. Dixie Hwy

Suite, Apt. #, etc.

City North Miami Beach

FL Zip Code 33162

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)

HOCHHAUSER, PAUL

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

ONE BAY BLVD.

11b. City, State & Zip Code

LAWRENCE NY 11559

11c. Registration
Document Number

100000270615311-0
-02/02/99-01053-003
***357.80 ***357.80

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

Typed or Printed Name of General Partner Signing Form PAUL HOCHHAUSER

DATE

12/28/98

Daytime Telephone Number 516-864-6616

CR2E003 (8/98)