

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 3:57

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1. Name of Limited Partnership

1a. DOCUMENT #
A96000000050

THE MARK AND ROBERTA MANDEL FAMILY LIMITED PARTNERSHIP

Mailing Address

**3000 ISLAND BOULEVARD, #1702
WILLIAMS ISLAND FL 33160**

Principal Office Address

**3000 ISLAND BOULEVARD, #1702
WILLIAMS ISLAND FL 33160**

3. Date Formed or Registered

12/27/1995

5a. Capital Contributions as Shown on record.

\$444,000.00

3a. Date of Last Report

02/10/1997

5b. Amount of Capital Contributions in FL ORIDA to date

444,000.00

4. State or Country of Formation

FL

6. FEI Number

65-0691054

☐ 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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

**MANDEL, MARK
3000 ISLAND BOULEVARD, #1702
WILLIAMS ISLAND FL 33160**

10. If changed, new Registered Agent/Office

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)

**MANDEL, MARK
MANDEL, ROBERTA**

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

**3000 ISLAND BOULEVARD
3000 ISLAND BOULEVARD**

11b. City, State & Zip Code

**WILLIAMS ISLAND FL 33
WILLIAMS ISLAND FL 33**

11c. Registration/Document Number

**700002399197--2
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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

Mark Mandel

DATE

12-26-97

Typed or Printed Name of General Partner Signing Form

MARK MANDEL

Daytime Telephone Number

12-26-97

CP25003 (6/97)