

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 JAN 22 PM 12:51

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001176

1836 FAMILY PARTNERSHIP, LTD.



9/1/27

Mailing Address

Principal Office Address

**3288 NORTH 28TH AVENUE, NO. 102
HOLLYWOOD FL 33069**

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HOLLYWOOD FL 33069**

3. Date Formed or Registered

06/24/1996

5a. Capital Contributions as Shown on record

\$275,000.00

3a. Date of Last Report

01/21/1997

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

1201 South Ocean Drive

1201 South Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 411-SOUTH

APT 411-SOUTH

City & State

City & State

HOLLYWOOD FLA.

HOLLYWOOD FLA.

Zip

Country

Zip

Country

33019

Broward

33019

Broward

6. FEI Number

65-0686290

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)

9. Name and Address of Current Registered Agent

**COHN, ALAN B
% ABRAMS, ANTON, ROBBINS, RESNICK ET AL
2024 TYLER STREET
HOLLYWOOD FL 33022**

10. If changed, new Registered Agent/Office

Name **SUZANNE BARNETT**
Street Address (P.O. Box Number Is Not Acceptable) **1201 SOUTH OCEAN DRIVE**
Suite, Apt. #, etc. **APT 411-SOUTH**
City **HOLLYWOOD** FL Zip Code **33019**

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)

Suzanne Barnett

DATE **1/16/98**

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)

ZIER, MICHAEL

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

3300 NORTH 29TH AVENUE

11b. City, State & Zip Code

HOLLYWOOD FL 33020

11c. Registration/Document Number

**800002417638--2
--02/02/98--01002--003
****550.00 ****550.00**

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

Michael Zier

DATE **10-20-97**

Typed or Printed Name of General Partner Signing Form

MICHAEL ZIER

Daytime Telephone Number

954-973-3008

CR2E003 (6/97)