

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership 1836 FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A96000001176	
Mailing Address 1201 S. OCEAN DR., APT. 411-SOUTH HOLLYWOOD FL 33019	Principal Office Address 1201 S. OCEAN DR., APT. 411-SOUTH HOLLYWOOD FL 33019	3. Date Formed or Registered 06/24/1996	5a. Capital Contributions as Shown on record \$275,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/22/1998	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 65-0686290	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	7. Certificate of Status Desired	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent BARNETT, SUZANNE 1201 S. OCEAN DR., APT. 411-SOUTH HOLLYWOOD FL 33019	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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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 **3/8/99**

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
ZIER, MICHAEL	3300 NORTH 29TH AVENUE	HOLLYWOOD FL 33020	

BK
3/15/99

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 **3-6-99**
Typed or Printed Name of General Partner Signing Form **MICHAEL ZIER** Daytime Telephone Number **954-923-3008**

CR2E003 (12/98)