

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

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LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 17 PM 3:14

A 96000002245

MK 12/17/96

1. Name of Limited Partnership SELKO FAMILY		1a. DOCUMENT # A 96000002245	
NUMBER ONE LIMITED PARTNERSHIP			
2. Mailing Address 3121 Burgundy Drive North Suite, Apt. #, etc.		2a. Principal Office Address 3121 Burgundy Drive North Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410		Zip 33410	
Country		Country	
3. Date Formed or Registered 12-9-96		5a. Capital Contributions as Shown on record \$970,000	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date \$965,150	
4. State or Country of Formation Florida		6. FEI Number 65-0706092 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 Soll L. Selko 3121 Burgundy Drive North Palm Beach Gardens, FL 33410		10. If changed, new Registered Agent/Office Name 800002031048--0 Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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)

Soll L. Selko

DATE **12-13-96**

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
Soll L. Selko	3121 Burgundy Drive North	Palm Beach Gardens, FL 33410	
Mildred L. Selko	3121 Burgundy Drive North	Palm Beach Gardens, FL 33410	

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

Soll L. Selko *Mildred L. Selko*

DATE **Dec 13, 1996**

Print or Typed Name of General Partner Signing Form

SOLL L. SELKO; MILDRED L. SELKO

Telephone Number **561-624-4415**

CR2E003 (6/96)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-277-9171
904-277-0393

800-342-8086



networks

PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 191125 4809065

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 576.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 17 PM 3:14

ORDER DATE : December 17, 1996

ORDER TIME : 10:05 AM

ORDER NO. : 191125-005

CUSTOMER NO: 4809065

CUSTOMER: Janet Sidle, Legal Asst
Venable Baetjer And Howard
1800 Mercantile Bank & Tr Bldg
2 Hopkins Plaza
Baltimore, MD 21201-2978

800052031048

ANNUAL REPORT FILING

NAME: SELKO FAMILY NUMBER ONE
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

12/17/96
B/M