

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

744-20

57625

LIMITED PARTNERSHIP ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra Secretary of State  
 A96000002364

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

96 DEC 18 PM 3: 22

1. Name of Limited Partnership  
 1a. DOCUMENT #

MALKIN FAMILY LIMITED PARTNERSHIP

Mailing Address Principal Office Address  
 4089 Roberts Point Road 4089 Roberts Point Road  
 Sarasota, FL 34242 Sarasota, FL 34242  
 2. Mailing Address 2a. Principal Office Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

3. Date Formed or Registered  
 3a. Date of Last Report  
 4. State or Country of Formation  
 5a. Capital Contributions as Shown on record.  
 5b. Amount of Capital Contributions in FLORIDA to date:  
 6. FEI Number  
 7. Certificate of Status Desired  
 8. Make check payable to: Dept. of State (See reverse side for fee information)

BK 12/18/96

\$250,000

\$250,000

Applied For  
 Not Applicable

\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent  
 MALKIN, Richard B.  
 4089 Roberts Point Road  
 Sarasota, FL 34242

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Richard B. Malkin	4089 Roberts Pt Rd	Sarasota FL 34242	n/a
Cynthia S. Malkin	4089 Roberts Pt Rd	Sarasota FL 34242	n/a

7000002046557  
 -01/06/97-01027-003  
 \*\*\*2413.75 \*\*\*576.25

**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 *Richard B. Malkin* *Cynthia S. Malkin* DATE 12/13/96  
 Typed or Printed Name of General Partner Signing Form Robert B. Malkin, general partner 941/349-4217  
 Daytime Telephone Number

CRE003 (6/96)