

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB 18 AM 10:21

1. Name of Limited Partnership

1a.

DOCUMENT #

A96000002484

ESTEIN HOLDINGS, LTD.

Mailing Address

Principal Office Address

c/o Dean Vegosen, Esq.
Lewis, Vegosen Rosenbach & Silber, P.A.
500 S. Australian Avenue
West Palm Beach, FL 33402

3. Date Formed or Registered

12/27/96

5a. Capital Contributions as Shown on record

\$ 990.00

3a. Date of Last Report

N/A

5b. Amount of Capital Contributions in FLORIDA to date

\$990.00

4. State or Country of Formation

Florida

2. Mailing Address

500 S. Australian Avenue

2a. Principal Office Address

5211 International Drive

Suite, Apt. #, etc.

10th Floor

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33402

City & State

Orlando, FL 32819

Zip

33402

Country

USA

Zip

32819

Country

USA

6. FEI Number

59-3417353

☐ 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

**Dean Vegosen, Esq.
c/o Lewis, Vegosen, Rosenbach & Silber,
500 S. Australian Avenue, 10th Floor
West Palm Beach, FL 33402**

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)

G. P. Estedh Corporation

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

**c/o Lothar Estein
International Station
5211 International Dr.**

11b. City, State & Zip Code

Orlando, FL 32819

11c. Registration/
Document Number

P94000056171

**000002099090--9
-02/26/97--01113--007
****156.25 ****156.25**

New Fees

KWM

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

G.P. Estein Corporation BY: Lothar Estein, President

12/22/96

DATE

407-354-3304

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)