FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

MEZRAH FAMILY PARTNERSHIP, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A97000001281

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 19 PM 3:55 12/21/21





Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
1715 N. WESTSHORE, SUITE 990	1715 N. WESTSHORE, SUITE 990		06/10/1997	\$980.00	
TAMPA FL 33607	TAMPA FL 33607		3a. Date of Last Report		
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address		FL FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3468950	Applied For	
City & State	City & State		7. Certificate of Status Desired	■ Not Applicable	
Žip . Country	Zip	Zip Country		\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. of	8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current F	polistered Agent		10. If changed, new Registere	10. If changed, new Registered Agent/Office	
MEZRAH, LEON 1715 N. WESTSHORE, SUITE 990 TAMPA FL 33607		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		Cily FL Zip Code			
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Flor	ơ limited partri ida. Such char	orship organized or registered under the laws of th nge was authorized by its general partner(s). I hen DATE	aby accept the appointment of registered	
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 Partnor(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	l Partnor x Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
MEZRAH, LEON	1715 N WESTSHORE, SUI		TAMPA FL 33607		
MEZRAH, DIANE	1715 N WESTSHORE, SUI		TAMPA FL 33607		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					

1 do hereby certily 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 offects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE 12/9/97 Daytime Telephone Number 813 - 287 - 1117