

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moftam</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 10 PM 12: 53



1. Name of Limited Partnership	1a. DOCUMENT # <b>B96000000405</b>
LITTLE FERRY ASSOCIATES, LTD.	

2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
C/O ALLEY MAASS ROGERS & LINDSAY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	C/O ALLEY MAASS ROGERS & LINDSAY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	10/22/1996	\$0.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	01/27/1997	
Zip	Country	4. State or Country of Formation	
		NY	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		13-2557920	
		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**

HANLON, M. TIMOTHY  
ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
621 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

**10. If changed, new Registered Agent/Office**

Name: 0000002323380---2  
Street Address (P.O. Box Number Is Not Acceptable): 10/17/97--01092---009  
Suite, Apt. #, etc.: \*\*\*\*\*337.50 \*\*\*\*\*112.50  
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
WEISER, JOEL	321 ROYAL POINCIANA P	PALM BEACH FL 33480	0000002323380---2 -10/17/97--01092---011 *****52.50 *****52.50
		8.75-ans Validate - 156.25	

**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 *Joel Weiser* DATE *15 Sept 1997*  
 Typed or Printed Name of General Partner Signing Form: **JOEL WEISER** Daytime Telephone Number: \_\_\_\_\_

CR2E003 (6/97)