

**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 JAN -9 PM 2: 28



| | |
|--|--|
| 1. Name of Limited Partnership MILZAR, LTD. | 1a. DOCUMENT # A30518 |
|--|--|

| | |
|--|--|
| Mailing Address 3802 S. WESTSHORE BLVD. TAMPA FL 33611 | Principal Office Address 3802 S. WESTSHORE BLVD. TAMPA FL 33611 |
| 2. Mailing Address Suite, Apt #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country |

| | |
|--|--|
| 3. Date Formed or Registered 08/24/1990 | 5a. Capital Contributions as Shown on record. 142,500.00 |
| 3a. Date of Last Report 11/20/1995 | |
| 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date. 500.00 |
| 6. FEI Number 59-3023648 | <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

MILLER, MARK E., ESQ.
3802 S. WESTSHORE BLVD.
TAMPA FL 33611

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc.
City

500002057785-1
-01/14/97--01164--024
***191.25 ***191.25
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 |
|--|--|------------------------------------|---|
| FAIRWAY SQ. CARROLLWOOD | 3802 S. WESTSHORE BLV | TAMPA FL | L93422 <i>OK 1/9</i> |

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 _____ DATE 12/23/96
Typed or Printed Name of General Partner Signing Form STEVEN R. ZARITSKY Daytime Telephone Number 813/829-7500

CR2E003 (6/96)