

**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 Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**97 JAN 21 AM 10:05**

*\* 1/24*



1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001176**

**1836 FAMILY PARTNERSHIP, LTD.**

Mailing Address  
**3300 NORTH 29TH AVENUE, NO. 102  
HOLLYWOOD FL 33020**

Principal Office Address  
**3300 NORTH 29TH AVENUE, NO. 102  
HOLLYWOOD FL 33020**

3. Date Formed or Registered  
**06/24/1996**

5a. Capital Contributions as Shown on record  
**\$275,000.00**

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
**FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
**65-0686290**  Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**COHN, ALAN B**  
**% ABRAMS, ANTON, ROBBINS, RESNICK ET AL**  
**2021 TYLER STREET**  
**HOLLYWOOD FL 33022**

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

**ZIER, MICHAEL**

**3300 NORTH 29TH AVENUE**

**HOLLYWOOD FL 33020**

**800002068458--7**  
**-01/24/97--01113--012**  
**\*\*\*576.25 \*\*\*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

*Michael Zier*

DATE

**1/17/97**

Typed or Printed Name of General Partner Signing Form **MICHAEL ZIER**

Daytime Telephone Number

CR2E003 (6/96)