FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9700001264

FILE()
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 28 PM 3: 42

SILVERSTEIN FAMILY LIMI	TED PARTNERSHIP			
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
1961 FLOYD STREET. SUITE A SARASOTA FL 34239	1961 FLOYD STREET. SUITE A SARASOTA FL 34239			\$1,041,250.00
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		5D. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Sulte, Apt. #, etc.		8पप 🔲 Applied For
City & State	City & State	City & State		Not Applicable
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required State (See reverse side for fee Information)
9. Name and Address of			10. If changed, new Registered	AIOM
SILVERSTEIN, HERBERT 1961 FLOYD STREET, SUITE A SARASOTA FL 34239 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-		Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apr. #, etc. City FL Zip Code		
for the purpose of changing its registered of agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointment	fice or registered agent, or both, in the State of Flor ligations of section 620.192, Florida Statutes.	ida. Such change was au	thorized by its general partner(s). I hereby	/ accept the appointment of registered
A GENERAL PARTNER TI	HAT IS A CORPORATION, I MUST BE REGISTERED AN	LIMITED PAR ID ACTIVE WI	TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B		City, State & Zip Code	11c. Registration/ Document Number
H.S. FINANCIAL, INC.	1961 FLOYD STREET, SE	J SA	Arasota FL 34239	P9 7000047241
			900002: -09/29 ****\$	5516691 788-01062-019 26.25 ******\$26.26

ed or Printed Name of General Partner Signing Form HUDIT Silvin Stun Deytime Telephone Number 941-365-13

empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE _

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 epti 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 eyent 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 samp legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee