

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

437 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -5 PM 12:18



\$341.25

1. Name of Limited Partnership
LAKE EDEN GARDENS MOBILE HOME PARK, LTD.

1a. DOCUMENT #
A03472

Mailing Address
**21224 HARROW COURT
BOCA RATON FL 33433**

Principal Office Address
**21224 HARROW COURT
BOCA RATON FL 33433**

3. Date Formed or Registered
01/15/1973

5a. Capital Contributions as
Shown on record.
\$117,000.00

3a. Date of Last Report
09/25/1996

5b. Amount of Capital
Contributions in FLORIDA
to date.

4. State or Country of Formation
FL

2. Mailing Address
Suite, Apt. #, etc.

2a. Principal Office Address
Suite, Apt. #, etc.

6. FEI Number
59-1364331
☐ 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
**BOLOTIN, MARIAN W.
21224 HARROW COURT
BOCA RATON FL 33433**

10. If changed, new Registered Agent/Office
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
BOLOTIN, THEODORE	21224 HARROW COURT	BOCA RATON FL	500002412465--8 -01/27/98--01009--006 ****541.25 ****541.25
	437.50 103.75	dec	

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 Theodore Bolotin DATE 9-12-97
Typed or Printed Name of General Partner Signing Form THEODORE BOLOTIN Daytime Telephone Number 561 487 3558

CR2E003 (6/97)