## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP . WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

RUBIN ASSOCIATES, LIMITED



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # **A06207** 

W12/20

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 17 PM 1:29



DATE 12-12-96

Daytime Telephone Number 813-530-002.

Mailing Address  15201 ROOSEVELT BLVD.  STE. #112  CLEARWATER FL 34620		Principal Office Address 15201 ROOSEVELT BLVD. STE. #112 CLEARWATER FL 34620 US			3. Date Formed or Registered 12/29/1977 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$1,200.00	
US				ļ	12/21/1995	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address		2a. Principal Office Address			4. State or Country of Formation	to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number 59-1804227	Applied For Not Applicable	
City & State		City & State			7. Certificate of Status Desired \$8.75 Additional		
Zip	Country	Zip Country			Re Required     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		
			Name Name				
rubin, leslie 15201 roosevelt blvd.			Street Address (P.O. Box Number Is Not Acceptable)				
STE. #112		Suite, Apt. #, etc.		etc.			
CLEARWATER FL 34620			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.							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT							
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	
RUBIN, LESLIE A.		15201 ROOSEVELT BLVD.		CLEARWATER FL			
					800002 -12/24 *****	0367480 4/9601065029 200.00 ****200.00	
Note: Gene	eral partners MAY NOT	be changed on this form	n; an am	endme	nt must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied with this filling 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 Catules.

LESLIE A. RUBIN