

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 12 PM 12:18

1. Name of Limited Partnership

1a. DOCUMENT #  
**A12154**

**THE GREENBAUM FAMILY PARTNERSHIP, LTD.**

Mailing Address

110 SOUTH 11TH STREET  
TAMPA FL 33602

Principal Office Address

110 SOUTH 11TH STREET  
TAMPA FL 33602

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

02/27/1982

3a. Date of Last Report

01/06/1997

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record.

\$82,400.00

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

82,400.00

6. FEI Number

59-2200511

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

GLYCKMAN, JEREMY E  
707 N FRANKLIN ST 4TH FLR  
TAMPA FL 33602

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 12-30-97

**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

GREENBAUM, ELLIOT M

594 DAVIS BLVD., W.

TAMPA FL

GREENBAUM, LOIS

5300 BAYSHORE BLVD

TAMPA FL

SHAPIRO, TOBA

1755 CHURCH STREET NW

WASHINGTON DC 20036

KOGOD, KANU

7915 PARK OVERLOOK DR

BETHESDA MD 20817

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**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 12-30-97

Typed or Printed Name of General Partner Signing Form

LOIS GREENBAUM

Daytime Telephone Number

813-229-7951

CR2E003 (6/97)