

**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 Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:19

1. Name of Limited Partnership

1a. DOCUMENT #  
**A12384**

**FLORIDA-NEW SMYRNA, LTD.**



Mailing Address

550 POST OAK BLVD.  
SUITE 500  
HOUSTON TX 77027

Principal Office Address

550 POST OAK BLVD.  
SUITE 500  
HOUSTON TX 77027

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

04/14/1982

3a. Date of Last Report

12/18/1995

4. State or Country of Formation

TX

5a. Capital Contributions as  
Shown on record.

\$427,500.00

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

6. FEI Number

76-0332891

☐ 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

CORPORATION INFORMATION SERVICES, INC.  
502 EAST PARK AVENUE  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not permitted)

Suite, Apt. #, etc.

City

5000012015385-9

11/27/96-01003-013

\*\*\*576.25 \*\*\*576.25

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

~~ALTMAN, MICKEY~~ NEW YORK EFA  
~~RANZAU, DENNIS~~

550 POST OAK BLVD., # 500  
INC.  
~~HOUSTON TX~~

HOUSTON TX 77027  
~~HOUSTON TX~~

F96000005309

(NOTE) Amendment to change general partner to New York EFA Inc  
was mailed on 10-22-96 and filed on 10-25-96.

RWM

**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

11/12/96

Typed or Printed Name of General Partner Signing Form

Dennis Ranzau, PRES. of New York EFA Inc

Telephone Number

713 960 0250

CR2E003 (6/96)