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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of Gondra Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A13345

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Mailing Address  Policy of Cilica Address  10/22/1982 3a. box of Leaf Report 12/26/1986 3b. box of Leaf Report 12/26/1986 3c. contrary of Centres 16/26/1986 3c. contrary of Centres 16/26/1986 3c. box of Leaf Report 16/26/1986 3c. contrary	& TASSOCIATES, LTD.					
HOLLYWOOD FL 39920  12/26/1998  2. Making Address  2. Making Address  2. Making Address  2. Making Address  2. Sullo, Apr. 8, etc.  Sul		·				Cildren and a
2. Melling Address 28. Principal Office Address 50. Mo. Apt. 4, otc.  Suito, Apt. 4, otc.  Suito, Apt. 4, otc.  City & State  Ci					\$86,312.53	
2. Mailing Address  2. Principal Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & Stato  Dept. of Stata (See review and side for his minimum and state of the state of Status Desired  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent Office  Name  10. If changed, new Registered Agent Office  Name  10. If changed, new Registered Agent Office  Name  10. If changed, new Registered Agent Office  11. Authority of State (See review and for his his Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 2013  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Acceptable) of 1111  State Address (Fr. O. Box Number is Not Accept				12/26/1996	5b. Amount of Capital	
Suito, Apt. #, etc.  City **  Suito, Apt. #, etc	0	100		4. State or Country of Formation	to date	
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Sp. 1961827   Applied For Not Applied For Sp. 1961827   Applied For Not Applied For Sp. 1961827   Sp. 1961827				FL	86,312.53	<b>&gt;</b>
Systate   City & State   Systate   City & State   Systate   Syst	Suite, Apt. #, etc.	Suite, Apt. #, etc.		1	Applied For	
Section   Processor of Current Registered Agent   10. If changed, now Registered Agent   10. If changed agent	City & State	City & State		<u> </u>	Not Applicate	
9. Name and Address of Current Registered Agent  10. If changed, now Registered Agent Partial State of Fig. 1 and Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial State of First Address (F.O. Box Number is Not Acceptable Partial First Address (F.O. Box Number is Not Acceptable Partial First Address (F.O. Box Number is Not Acceptable Partial First Address (F.O. Box Number is Not Acceptable Partial First Address (F.O. Box Number is Number is Not Acceptable Partial First Address (F.O. Box Number is Number is Number is Number is Number in Number is Number in Number is Number in Number in N	Zip Country	Zip	Country	F - Cermicato di Status Desired	\$8.75 Addition	nal
JENNINGS, EDWARD J.  318 S.E. 8TH STREET FT. LAUDERDALE FL 33316  Site of Address (P.O. Box Number is Not Acceptable ********541, 25  Site, Apr. #, etc.  City  FL  Zip Code  City  Fl  Zi				8. Make check payable to: Dept. o	f State (See reverse side for fee info	rmatic
JENNINGS, EDWARD J.  318 S.E. 8TH STREET FT. LAUDERDALE FL 33316  Site of Address (P.O. Box Number is Not Acceptable)	9. Name and Address of	Current Registered Agent		10. If changed, new Register	ed Agent/Office	
Suito, Apt. 4, etc.  City  FL  7p Code  The Code  The Code  The Code  The Pursuant to the provisions of sections 620 1051 and 624-105, Florida Statutes, line above-named limited partnership organized or registered under the laws of the State of Florida, submits this shift for the purpose of changing its registered agont, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agont, a purpose of changing its registered agont, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered Agont Ag			Name	400003	405734	ď
FT. LAUDERDALE FL 33316    Suito, Aprl. #, etc.	•		Street Addr	ess (P.O. Box Number Is Not Acceptable) *****	<del>0/9801171024</del> 541-25	
Testing   Particle	FT. LAUDERDALE FL 33316					
to the purpose of changing its rupistered agent, or both, in the State of Fforda. Such change was authorized by its general partner(s). Thereby accept the appointment of regisagent. I am familiar with, and country applications of section 620, 192, Florida Statutes.    Composition of Compositions from any labelity that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), Florida Statutos, I release the Division of Compositions from any labelity of non-copyrigance with Section 119,07(3)(k) in the event that the information supplied is diginated of the internation industry contains from any labelity of non-copyrigance with Section 119,07(3)(k) in the event that the information supplied is diginated exempt from public access. I further certify that the information income of the limited partnershy, receiver or each strip same labelity of non-copyrigance with Section 119,07(3)(k) in the event that the information supplied is diginated exempt from public access. I further certify that the information indicated in th			City		Zip Code	
11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOI) Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Address of Each General Partner  11d. City, State & Zip Code  11c. Registration/ Document Number  11d. Name(s) of General Partners (Number State S	A GENERAL PARTNER TI	HAT IS A CORPORATION,	LIMITED ND ACTIV	PARTNERSHIP OR OTHE		ITY
TESHER, LAWRENCE K.  DAVID, BENNETT L, III  3300 N. 29TH AVE.  HOLLYWOOD FL  HOLLYWOOD FL  HOLLYWOOD FL  When the control of the improvement of th					11c. Registration/ Document Number	(er
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  1. Ido horeby 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 Statutos. I release the Division of Corporations from any liability of non-corpulyance with Section 119.07(3)(k) in the event that the information supplied is decreed exempt from public access. I further certify that the information indicath this annual report is true and accurate another in the same legal offects as if made under oath. If there certify that I am a General Partner of the limited partnership, receiver or	TESHER, LAWRENCE K.	,		HOLLYWOOD FL		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ide 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 Statutos. I release the Division of Corporations from any liability of non-corphylance with Section 119.07(3)(k) in the event that the information supplied is decided exempt from public access. I further certify that the information indicate this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. By their certify that I am a General Partner of the limited partnership, receiver or	DAVID, BENNETT L, III	3300 N. 29TH AVE.		HOLLYWOOD FL	OK 160	
12. Ido horeby 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 Statutos. I release the Division of Corporations from any liability of non-corporation with Section 119.07(3)(k) in the event that the information supplied is decimal exempt from public access. I further certify that the information indicath this annual report is true and accurate and has my signature shall have the same legal effects as if made under oath. If fither certify that I am a General Partner of the limited partnership, receiver or	•				FIY	
Corporations from any hability of non-corpolation 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 indicathis annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I fulther certify that I am a General Partner of the limited partnership, receiver or	Note: General partners MAY	NOT be changed on this for	m; an ame	endment must be filed to ch	ange a general partn	er.
SIGNATURE BY CENTRALITY DATE 12/19/19	Corporations from any liability of non-corpolar this annual report is true and accurate and that	nce with Section 119 07(3)(k) in the event that the It my signature shall have the same legal effects a	information supp as if made under	lied is digemed exempt from public access. I furt oath. I fuither certify that I am a General Partner c	her certify that the information indica of the limited partnership, receiver or	ted or truste
	SIGNATURE //	GENTINO PO	nVM	DATE	2/29/9	

Daytime Telephone Number