

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED

JAN 19 1999

SECRETARY OF STATE

1. Name of Limited Partnership

1a. DOCUMENT #
A17697

TEN CENTRAL PARK WAY ASSOCIATES LTD.

Mailing Address

2873 E OCEAN BLVD.
STUART FL 34996

Principal Office Address

2873 E OCEAN BLVD
STUART FL 34996

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

08/22/1984

3a. Date of Last Report

12/29/1997

4. State or Country of Formation

FL

6. FEI Number

13-3234936

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record

\$1,305,000.00

5b. Amount of Capital Contributions in FL ORIDA to date

9. Name and Address of Current Registered Agent

RYAN, DENNIS
2873 EAST OCEAN BLVD.
STUART FL 34996

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10. If changed, new Registered Agent/Office

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 10/13/98

**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)

E.N.D. CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

93 LENOX ROAD

11b. City, State & Zip Code

WAYNE NJ 07470

11c. Registration Document Number

P20398

BOOKED 12/29/98
02/08/99--01020--002
***526.25 ***526.25

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 effect 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

Typed or Printed Name of General Partner Signing Form

Mathias C. Kerschbaum
MATTHIAS C. KERSCHAUM

DATE 11/30/98

Daytime Telephone Number

ORZEE003 (8/98)