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 DEC 24 PM 12:24

1. Name of Limited Partnership

1a. DOCUMENT # **A18616**

CRYSTAL STREET ASSOCIATES LIMITED PARTNERSHIP

Mailing Address
% MORTON KAHN
8 VIA LOS INCAS
PALM BEACH FL 33480

Principal Office Address
% MORTON KAHN
8 VIA LOS INCAS
PALM BEACH FL 33480

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

12/31

3. Date Formed/Or Registered
12/21/1984

3a. Date of Last Report
01/12/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Records
$261,795.00

5b. Amount of Capital Contributions in FLORIDA to date
261,795.00

6. FEI Number
59-2507310

☐ 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
KAHN, MORTON B.
8 VIA LOS INCAS
PALM BEACH FL 33480

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 section 620.1007 and 620.1907, 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 a general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.1305, 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
KAHN, MORTON B.	8 VIA LOS INCAS	PALM BEACH FL 33480	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I declare (By certify) that the information supplied with this filing is complete, true and correct and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I understand the Division of Corporations' sole liability for any error or omission with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this 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 Morton B. Kahn, Gen. Partner DATE 12-23-96

Typed or Printed Name of Person Signing Form: Morton B. Kahn Daytime Telephone Number 561-833-1277

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