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 18 AM 10:40

1. Name of Limited Partnership

MORTGAGE SAVINGS COMPANY, LTD.

1a. DOCUMENT # **A18759**

12-18

Mailing Address	Principal Office Address
~~455 FAIRWAY DRIVE~~	~~455 FAIRWAY DRIVE~~
~~SUITE 101~~	~~SUITE 101~~
~~DEERFIELD BEACH FL 33441~~	~~DEERFIELD BEACH FL 33441~~

2. Mailing Address	**2a.** Principal Office Address
6436 NW 5th WAY	6436 NW 5th WAY
Suite, Apt. #, etc	Suite, Apt. #, etc
FT LAUDERDALE	FT LAUDERDALE
City & State	City & State
FLORIDA	FLORIDA
Zip / Country	Zip / Country
33309 USA	33309 USA

3. Date Formed or Registered: 01/02/1985

3a. Date of Last Report: 11/21/1995

4. State or Country of Formation: IL

5a. Capital Contributions as Shown on record: $1,000.00

5b. Amount of Capital Contributions in FLORIDA to date: -0-

6. FEI Number: 36-3297158 ☐ 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

OPPER, RONALD B.
~~455 FAIRWAY DR.~~
~~STE. 101~~
~~DEERFIELD BEACH FL 33441~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable): 6436 NW 5th WAY

Suite, Apt. # etc

City: FT LAUDERDALE

FL Zip Code: 33309

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
J.T.H., INC.	8600 W CATALPA	CHICAGO IL	P25049
H.J. ISAACSON, IN.C	401 E. ONTARIO	CHICAGO IL	P25048

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 Ronald Opper Managing Director DATE 9/16/96

Typed or Printed Name of General Partner Signing Form: RONALD OPPER Daytime Telephone Number: 954-202 9500

CR2E003 (6/96)

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