

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

SECRET  
DIVISION OF CORPORATIONS  
99 JAN -6 AM 11:05

1. Name of Limited Partnership

1a. DOCUMENT #  
A20503

SAENGER THEATRE PARTNERSHIP, LTD.



Mailing Address

515 POST OAK BLVD., SUITE 300  
HOUSTON TX 77027

Principal Office Address

515 POST OAK BLVD., SUITE 300  
HOUSTON TX 77027

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

08/05/1985

3a. Date of Last Report

12/26/1997

4. State or Country of Formation

FL

6. FEI Number

59-2574288

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

\$4,000,000.00

5b. Amount of Capital  
Contributions in F.C.S.D.A.  
to date

☐ Applied For  
☐ Not Applicable

☐ \$8.75 Annual  
Fee Required

8. Make check payable to Dept. of State (see reverse side for information)

9. Name and Address of Current Registered Agent

TURKIEWICZ, SHEILA  
100 S. BISCAYNE BLVD., SUITE 1200  
MIAMI FL 33131

Name

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

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

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)

BECKER, ALLEN J  
SAENGER ASSOCIATES

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

515 POST OAK BLVD., S  
515 POST OAK BLVD., S

11b. City, State & Zip Code

HOUSTON TX 77027  
HOUSTON TX 77027

11c. Registered  
Document Number

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01/28/98 12:52:51  
01/28/98 10:05:00  
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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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8-99)