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

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 OCT 23 AM 9: 56 **DOCUMENT#** 1. Name of Limited Partnership A20557 SECRETARY UP STATE LINPRO SABRE ASSOCIATES I LIMITED 3\_ Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 08/13/1985 1701 WEST HILLDSBORO BLVD, STE.201 300 BERWYN PARK \$18.89 DEERFIELD BEACH FL 33442-1530 3a. Date of Last Report **BERWYN PA 19312** 10/14/1997 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address ₹.FL Suite, Apt. #, etc. Suîte, Apt. #, etc. 6\_ FEI Number Applied For Not Applicable 23-2357969 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent Name NOVAKOSKI, DAVID Street Address (P.O. Box Number Is Not Acceptable) 1701 WEST HILLSBORO BLVD. Suite, Apt. #, etc. **SUITE 201** DEERFIELD BEACH FL 33442-1530 City Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1051, 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. DATE SIGNATURE (Registered Agent Accepting Appointment)\_ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11c. 11. Name(s) of General Partner(s) 11b. City, State & Zip Code Document Number EICHLER, ERIC 300 BERWYN PARK STE. **BERWYN PA** 

\*\*\*\*141 25 (\*\*\*\*\*271.725

BERWYN PARK PA

BERWYN PARK PA

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 any mat 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 apport as returned by ghapter 620, Florida Statutes.

SIGNATURE \_\_
Typed or Printed Name of G

HIGGINS, GEORGE A

SWAIN, WILLIAM M JR.

Eric Eichler, General Partner

300 BERWYN PARK, STE.

300 BERWYN PARK, STE.

Daytime Telephone Number (610) 251-9100

CR2F003 (8/9