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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



RYAN INSTRUMENTS, LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A25358**

FILED

98 OCT 27 AM 9: 02

SECRETARI UT STATE TALLAHASSEE, FLORIDA



Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.
8801-148TH AVE., N.E.	8801-148TH AVE., N.E.		10/21/1987	\$100,000.00
REDMOND WA 98052	REDMOND WA 98052		3a. Date of Last Report	\$100,000.00
			12/26/1997	5b. Amount of Capital Contributions in FLORIDA
9	0		4. State or Country of Formation	to date:
2. Mailing Address	2a. Principal Office Address		DE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		91-1385997	☐ Not Applicable
	-		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)
9. Name and Address of Current Re	gistered Agent	10, if changed, new Registered Agent/Office		ed Agent/Office
MILLER, RICHARD J.		Name		
SUITE 900, NORTHBRIDGE CENTRE	Street Address (F		ss (P.O. Box Number Is Not Acceptable)	
515 NORTH FLAGLER DRIVE	Suite, Apt. #,		tc.	
WEST PALM BEACH FL 33401			•	
WEST FALM DEACHTE SSAUT		City		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)	11a. Address of Each General (Do NOT Use Post Office Bo)	k Numbers)	1b. City, State & Zip Code	11c. Registration/ Document Number
DANZIGER, FREDERICK M.	One Rockefelle	r eza	NEW YORK NY 1002	
DANZIGER, RICHARD M.	720 FIFTH AVE		NEW YORK NY	
				:674963—-7 9/9801002001 526.25 ****526.25
				AL OCT 2 7 1998

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

1. I do hereby certify that the information supplied with this filling 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.

Typed or Printed Name of General Partner Signing	Form.

Daytime Telephone Number

CR2E003 (8