

**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 OCT 24 AM 9:47

1. Name of Limited Partnership

1a. DOCUMENT #  
**A26382**

**ALASS INVESTMENT PARTNERS, LTD.**



Mailing Address

500 POST ROAD EAST  
SUITE 320  
WESTPORT CT 06880

Principal Office Address

500 POST ROAD EAST  
SUITE 320  
WESTPORT CT 06880

3. Date Formed or Registered

05/06/1988

5a. Capital Contributions as  
Shown on record

\$3,000,000.00

3a. Date of Last Report

09/22/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

2. Mailing Address

2419 E. Commercial Boulevard

2a. Principal Office Address

2419 E. Commercial Boulevard

Suite, Apt. #, etc.  
Suite 304

Suite, Apt. #, etc.  
Suite 304

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

Zip Country  
33308 USA

Zip Country  
33308 USA

6. FEI Number

06-1235715

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 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)

ALASS CORPORATION

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

~~500 POST RD E, STE---~~  
2419 E. Commercial Boulevard

11b. City, State & Zip Code

~~WESTPORT CT----~~  
Fort Lauderdale, FL 33308

11c. Registration/  
Document Number

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-10/30/96--01129--017  
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**KWM**

**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.

Allass Investment Partners, Ltd. by Allass Corporation,

SIGNATURE

its General Partner

Pat B. Zuckerman  
Allass Corporation  
by Pat B. Zuckerman, Secretary

DATE 10/21/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)