

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

97 DEC 26 AM 8:55 # 117



1. Name of Limited Partnership

1a. DOCUMENT #  
**A27574**

**THE FLOYD I. BACHRACH FAMILY LIMITED PARTNERSHIP  
# 4**

Mailing Address

501 QUADRANT ROAD  
NORTH PALM BEACH FL 33408

Principal Office Address

501 QUADRANT ROAD  
NORTH PALM BEACH FL 33408

3. Date Formed or Registered

12/19/1988

5a. Capital Contributions as Shown on record

\$36,000.00

3a. Date of Last Report

01/02/1997

4. State or Country of Formation

FL

5b. Amount of Capital Contributions in FLORIDA to date

(-25,996.02)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0088878

☐ 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

HERSHMAN, DANIEL A  
3131 WASHINGTON ROAD  
NORTH PALM BEACH FL 33408

10. If changed, new Registered Agent/Office

Name

100002394491--0

Street Address (P.O. Box Number is Not Acceptable) 01708/98--01099--011

Suite, Apt. #, etc.

\*\*\*\*156.25 \*\*\*\*156.25

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)

*Daniel A. Hershman*

DATE

12/23/97

**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)

HERSHMAN, DANIEL TRUSTEE

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

501 QUADRANT ROAD

11b. City, State & Zip Code

NORTH PALM BEACH FL 3

11c. Registration/Document Number

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

*Daniel A. Hershman, Trustee*  
Typed or Printed Name of General Partner Signing Form: *Daniel A. Hershman, Trustee, Floyd I. Bachrach Family Credit Trust*

DATE

12/23/97

Daytime Telephone Number

561-362-2511

CR2E003 (6/97)