

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

12/16/97 PM 4:05

1. Name of Limited Partnership:

1a. DOCUMENT #
A30955

29-31 ASSOCIATES LIMITED PARTNERSHIP

Mailing Address:

4770 TREE FERN DRIVE
DELRAY BEACH FL 33445

Principal Office Address:

4770 TREE FERN DRIVE
DELRAY BEACH FL 33445

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:

12/17/1990

3a. Date of Last Report:

12/12/1996

4. State or Country of Formation:

FL

6. FEI Number:

65-0235699

7. Certificate of Status Desired:

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record:

\$1,000.00

5b. Amount of Capital Contributions in FL OrIDA to date:

1,000.⁰⁰

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent:

FELNER, JAY
4770 TREE FERN DR.
DELRAY BEACH FL 33445

Name:

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

Suite, Apt. #, etc.:

City:

10. If changed, new Registered Agent/Office:

FF = \$156.25
12/11/97
FL

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):

DHD CORP.

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

600 CENTRAL AVE., #365

11b. City, State & Zip Code:

HIGHLAND PARK IL 60035

11c. Registration/Document Number:

F9300000614

000002373840-4
-12/16/97-01101-001
***5290.00 ***156.25

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)(e) 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 601, Florida Statutes.

SIGNATURE:

Secretary/Treasurer

DATE: 10/21/97

Typed or Printed Name of General Partner Signing Form: Robert U. Goldman, Secretary/Treasurer of Daytime Telephone Number: (847) 432-3666

CP2E003 (6/97)