

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

SECRET
DIVISION OF CORPORATIONS
99 JAN 27 PM 3:30

1. Name of Limited Partnership

1a. DOCUMENT #
A33162

PASEK FAMILY LIMITED PARTNERSHIP



Mailing Address

7006 SE WINGED FOOT DRIVE
STUART FL 34997

Principal Office Address

7006 SE WINGED FOOT DRIVE
STUART FL 34997

3. Date of Report

06/30/1992

5a. Total Assets

\$70,000.00

3a. Date of Filing

12/13/1996

5b. Total Liabilities

4. State of Incorporation

FL

6. Filing Fee

65-0346597

Applicable Filing Fee

7. Estimated Tax

\$8.75 per year fee

8. Multiple Filing Fee to Dept. of State (See Form 65-0346597 for details)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

PASEK, ROSEMARY H., TRUSTEE
7006 WINGED FOOT DR.
STUART FL 34997

10. Name and Address of Agent

Name
Street Address
City, State, Zip

FL

10a. Pursuant to the provisions of section 607.01(1) and 607.01(2), Florida Statute, the above named limited partnership is hereby registered with the Department of State for the purpose of changing its name, amending its certificate of partnership, or for the purpose of filing a report with the Department of State. The registered agent has furnished with and is responsible for the filing of said report.

SIGNATURE (Registered Agent or Filing Agent)

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)

ROSEMARY H. PASEK, TRUSTEE

11a. Address of Each General Partner (Street, Apt. #, etc.)

7006 WINGED FOOT DR.

11b. City, State, and Zip

STUART FL

11c. Filing Fee (Per Partner)

2000027268362-3
-02/03/97-01043-025
****\$26.25 ****\$26.25

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 reported with this report is true and correct to the best of my knowledge and belief. I understand that the filing of this report is a public record and that the information reported hereon may be used for any purpose. I understand that the filing of this report is a public record and that the information reported hereon may be used for any purpose. I understand that the filing of this report is a public record and that the information reported hereon may be used for any purpose.

SIGNATURE

Rosemary H. Pasek, Trustee

Typed or Printed Name of General Partner (Significant Partner)

Rosemary H. Pasek, Trustee

CORPORATION