

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

FILED

98 APR -8 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A92000000127**

**MH, LTD.**



*gg-ARcm*

Mailing Address

2180 WEST STATE ROAD 434, SUITE 6184  
LONGWOOD FL 32779

Principal Office Address

2180 WEST STATE ROAD 434, SUITE 6184  
LONGWOOD FL 32779

3. Date Formed or Registered

12/07/1992

5a. Capital Contributions as  
Shown on record.

**\$100.00**

3a. Date of Last Report

12/27/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

1180 Spring Centre South Blvd.

2a. Principal Office Address

Suite, Apt. #, etc. **Suite 211**  
1180 Spring Centre South Blvd.

Suite, Apt. #, etc. **Suite 211**  
Altamonte Springs, Florida 32714

City & State

City & State

**Suite 211**  
Altamonte Springs, Florida 32714

Zip

Country

Zip

Country

6. FEI Number

59-3152443

☐ 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

LUBINSKY, TERRY M  
2180 WEST STATE ROAD 434, SUITE 6184  
LONGWOOD FL 32779

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Not Acceptable)  
**1180 Spring Centre South Blvd.**

Suite, Apt. #, etc.

**Suite 211**

City

**Altamonte Springs, Florida 32714**

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.

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\*\*\*526.25 \*\*\*526.25

SIGNATURE (Registered Agent Accepting Appointment)

**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)

LUBINSKY, TERRY M  
CANNON, FRANK J

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

~~2180 WEST STATE ROAD~~

~~2180 WEST STATE ROAD~~

**1180 Spring Centre South Blvd.  
Suite 211  
Altamonte Springs, Florida 32714**

11b. City, State & Zip Code

~~LONGWOOD FL 32779~~

~~LONGWOOD FL 32779~~

11c. Registration/  
Document Number

**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.

SIGNATURE

*Terry Lubinsky*

DATE

*4-7-98*

Typed or Printed Name of General Partner Signing Form

Partner Telephone Number

CR2E003 (12/97)