

**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 DEC 11 PM 3:49

1. Name of Limited Partnership
JADRE, LTD.

1a. DOCUMENT #
A93000000175



Mailing Address
% ADELINE B. REINSTEIN
207 LAKE SUSAN LANE
WEST PALM BEACH FL 33411

Principal Office Address
% ADELINE B. REINSTEIN
207 LAKE SUSAN LANE
WEST PALM BEACH FL 33411

3. Date Formed or Registered
02/17/1993

5a. Capital Contributions as Shown on record
\$3,000.00

3a. Date of Last Report
12/18/1995

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

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
58-2038962 ☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country

Zip Country

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

9. Name and Address of Current Registered Agent
REINSTEIN, ADELINE B
207 LAKE SUSAN LANE
WEST PALM BEACH FL 33411

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
REINSTEIN, ADELINE B	207 LAKE SUSAN LANE	WEST PALM BEACH FL 33	
OLSEN, CILLIA	15 SHELLEY COURT	PLAINVIEW NY 11803	
MOREA, JEANNIE	2431 BRIGHAM ST	BROOKLYN NY 11235	
			100002030311--0 -12/17/96--01047--016 ***191.25 ***191.25

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)(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 Adeline B. Reinstein DATE 12/5/96

Typed or Printed Name of General Partner Signing Form Adeline B. Reinstein Daytime Telephone Number 561-471-1736

CR2E003 (6/96)