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LIMITED PARTNERSHIP ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS	
1999	1. S 42 1.7				
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1. Name of Limited Partnership	1a. DOCUMENT # A93000000506				
THE SCHLESINGER FAMIL	Y LIMITED PARTNERSHIP	,	#0 0 0 # 0 # 1 0 		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
1500 SAN REMO AVENUE. STE. 135 1500 SAN REMO AVENUE. STE		135	05/03/1993		
CORAL GABLES FL 33146	CORAL GABLES FL 33146		3a. Date of Last Report	\$250,000.00	
			12/10/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number		
City & State	City & Stale		65-0430383	Applied For	
-			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zıp C	ountry	8. Make check payable to Dept of	Fee Required State (See reverse side for fee infurmation)	
9. Name and Address of Cu	rrent Registered Agent		10. If changed, new Registered	Agent/Office	
SCHLESINGER, JAMES A		Name	Sector in the sec		
1500 SAN REMO		Street Address (P.O. B	ox Number 15 Not Acceptable 12-1	299	
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SUITE 135		Suite, Apt #, etc	****5	26.25 ****526/25	
			****5;	26.25 *****526/25 FL	
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