FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1000	DIVISION OF	CORPORATIO	JNS	2	אַל DEC ו	7 04	
1. Name of Limited Partnership	¹ A9300000	^{1a} A93000001168			-01	7 PM 12: 49	
LEWIN FAMILY LTD.	<u> </u>	H L					
				0012/29			
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
302 SUMMERSONG TERRACE 8302 SUMMERSONG TERRACE OCA RATON FL 33496 BOCA RATON FL 33496			_	11/12/1993 3a. Date of Last Report	\$490,050.00 5b. Amount of Capital Contributions in FLORIDA		
				03/09/1998			
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0447635	_1	Applied For Not Applicable	
City & State	City & State	City & State		7. Certificate of Status Desired			
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of		\$8.75 Additional Fee Required	
				44			
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office				
GLASER, GENE K C/O ABRAMS, ANTON, ROBBINS, ET AL 2021 TYLER STREET HOLLYWOOD FL 33022		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc.					
		City FL Zip Code					
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the control	e or registered agent, or both, in the State of Fl	med limited partno orida. Such chang	ership organiza ge was authori	ed or registered under the laws of the zed by its general partner(s). I hereb	e State of Florid by accept the ap	a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appointment	n			DATE			
A GENERAL PARTNER TH		LIMITED ND ACTIV	PARTI VE WITI	IERSHIP OR OTHE		NESS ENTITY	
11. Name(s) of General Partner(s)	Address of Foot Con-	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c.	Registration/ Document Number	
RYL, INC.		8302 SUMMERSONG TERRA		BOCA RATON FL 33496		P93000019597	
				2000027269024 -12/30/3801084003			
				-12/30 ****5i	/3801 26.25	084003 ****528.25	
Į.							
Note: General partners MAY N	OT he changed on this for	m· an am	endmen	t must be filed to ch	ange a g	eneral partner	
Hote. General partiters MAT N	OI he dianged on this lot	an an			3- u 9	partition	

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

Typed or Printed Name of General Partner Signing Form