

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 23 PM 3:00**

1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000001320**

**BRETT FAMILY INVESTMENT COMPANY, LTD**

Mailing Address

4300 N. UNIVERSITY DR.  
SUITE B-102  
LAUDERHILL FL 33351

Principal Office Address

4300 N. UNIVERSITY DR.  
SUITE B-102  
LAUDERHILL FL 33351

3. Date Formed or Registered

12/08/1993

3a. Date of Last Report

04/02/1997

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record:

~~\$85,000.00~~  
Change 12/17/97

5b. Amount of Capital Contributions in FL ORIDA to date:

\$96,550.00

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

6. FEI Number

65-0448225

☐ 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

CUSTER, MICHAEL S  
4300 N. UNIVERSITY DR.  
SUITE B-102  
LAUDERHILL FL 33351

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)

CUSTER, MICHAEL S

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

4300 N. University Dr., Suite B-102

11b. City, State & Zip Code

Lauderhill, FL 33351

11c. Registration/Document Number

500002400595--6  
-01/14/98--01112--020  
\*\*\*\*541.25 \*\*\*\*541.25

**\*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

*Michael S. Custer*

DATE

12/11/97

Typed or Printed Name of General Partner Signing Form

MICHAEL S. CUSTER

Daytime Telephone Number

954 572 6666

CP2E003 (5/97)