## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1998	DIVISION OF CORPORATIONS			00 144 15 444			
1. Name of Limited Partnership	1a. DOCUMENT # <b>A9300001324</b>			98 JAN 15 AM 9: 00			
ANSPACH HOLDINGS, LTD.	_						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit.	al Contributions as	
4500 RIVERSIDE DRIVE PALM GARDENS FL 33410	4500 RIVERSIDE DRIVE PALM GARDENS FL 33410			12/10/1993 3a. Date of Last Report	\$219,000.00		
				09/16/1996  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Malling Address	2a. Principal Office Address			FL			
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc  City & State			6. FEI Number 65-0453225	Applied For Not Applicable		
			7. Certificate of Status Desired		\$8.75 Additional		
Zip Country	Zip	Country		8. Make check payable to; Dept. of	State (See rev		
9. Name and Address of Current Registered Agent  NOWICKI, MARK J ESQ. 14155 U.S. HIGHWAY ONE, SUITE 302 JUNO BEACH FL 33408		Name Elaine K. BEELS  Streel Address (P.O. Box Number is Not Acceptable)  4500 River Side  Suite, Apt. #, etc.					
10a. Pursuant to the provisions of sections 620.1051 an for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	registered agent, or both, in the State of Is of section 620, 192, Florida Statutes.  Occur H. B.  IS A CORPORATION,	rned imited partr Florida. Such cha	nership orga nge was aut	horized by its general partner(s). I here  DATE	ne State of Flor eby accept the	appointment of registered	
11. Name(s) of General Partner(s)	T BE REGISTERED A  Address of Each Gen	na-1 Dartons	VE WIT	H THIS OFFICE.  City, State & Zip Code	11c.	Registration/	
ANSPACH FIXATION DEVICES, IN	11a. (Do NOT Use Post Office	SO DOX NUMBERS		M BEACH GARDENS FL	P94000007242		
					/9801	660 6 101012 *****541.25	
Note: General partners MAY NOT	be changed on this for	rm; an am	endme	nt must be filed to cha	ange a g		
12. I do hereby certify that the information supplied with t Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by characteristics.	n Section 119 07(3)(k) in the event that the gnature shall have the same legal effects	e information sup	plied is deer	ned exempt from public access. I furth	er certify that the	ne information indicated on	
SIGNATURE WE	Yu.			DATE			
Typed or Printed Name of General Partner Signing Form	W. E. ANSP	ACH,	TR.	Daytime Telephone Number			