

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 22 AM 8:36

mtu  
12/30

1. Name of Limited Partnership

1a. DOCUMENT #  
A93000001435

LAWRENCE W. BROWN FAMILY LIMITED PARTNERSHIP

Mailing Address

6700 W. BRYN MAWR AVENUE  
SUITE 810 NORTH  
CHICAGO IL 60631

Principal Office Address

100 SEAWAY COURT, SANDPOINT EAST  
VERO BEACH FL 32963

3. Date Formed or Registered

12/28/1993

5a. Capital Contributions as  
Shown on record.

\$1,668,935.00

3a. Date of Last Report

02/03/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

2127 10th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach, FL

Zip

Country

Zip

32960

Country

6. FEI Number

59-3215536

☐ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Samuel A. Block

Street Address (P.O. Box Number Is Not Acceptable)

2127 10th Avenue 930002388870-4

Suite, Apt. #, etc.

-01/05/98--01006--027

City

Vero Beach

\*\*\*541.25

\*\*\*541.25

FL 32960

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)

Samuel A. Block

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)

LAWRENCE W. BROWN REVOCABLE

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

100 SEAWAY COURT, SAN

11b. City, State & Zip Code

VERO BEACH FL 32963

11c. Registration/  
Document Number

G93362900023

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 226, Florida Statutes.

SIGNATURE

Jeffrey W. Kral

DATE 12/17/97

Typed or Printed Name of General Partner Signing Form

Jeffrey W. Kral, Trustee, L.W. Brown Revocable Trust

Daytime Telephone Number

CR2E003 (6/97)