

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB 17 AM 9:23



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000307

THE PHILIP N. GEIGER LIMITED PARTNERSHIP

Mailing Address
**8200 NW 38TH ST.
CORAL SPRINGS FL 33066**

Principal Office Address
**8200 NW 38TH ST.
CORAL SPRINGS FL 33066**

3. Date Formed or Registered
03/07/1994

5a. Capital Contributions as
Shown on record.
\$30,000.00

3a. Date of Last Report
10/27/1995

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$8500.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number
**APPLIED FOR
See attached**

☐ 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

GEIGER, PHILIP NEIL

8200 NW 38TH ST.

CORAL SPRINGS FL ~~33066~~ 33065 33065

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL Zip Code
33065

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

GEIGER, PHILIP NEIL

8200 NW 38TH ST.

CORAL SPRINGS FL 33065

**000002097570--2
-02/25/97--01144--016
****191.25 ****191.25**

dcc 191.25

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

Philip N. Geiger
PHILIP N. GEIGER

DATE

12-17-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

564-0385

CR2E003 (6/96)

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN **65-0724120**
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Philip N. Geiger Limited Partnership	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Philip N. Geiger, Gen. Ptnr.
4a Mailing address (street address) (room, apt., or suite no.) 8200 N.W. 38th Street	5a Business address (if different from address in lines 4a and 4b)
4b City, state, and ZIP code Coral Springs, Florida 33066	5b City, state, and ZIP code
6 County and state where principal business is located Clay County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustor — SSN required (See instructions.) ► SS# 263-20-3562 Philip N. Geiger, General Partner	

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator - SSN
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government		<input type="checkbox"/> Federal Government/Military
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Church or church-controlled organization	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State N/A	Foreign country N/A
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9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ►
<input checked="" type="checkbox"/> Started new business (specify) ► partnership	<input type="checkbox"/> Changed type of organization (specify) ►	
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify) ►	
		<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) March 7, 1994	11 Closing month of accounting year (See instructions.) December
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	► N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (See instructions.) ► buy, sell, hold, manage and invest partnership assets
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Philip N. Geiger,	
	Name and title (Please type or print clearly.) ► General Partner	
	Business telephone number (include area code) (954) 564-0385 Fax telephone number (include area code) (954) 564-8538	

Signature ► 	Date ► 1-31-97
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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