

**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 Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 OCT 24 PM 1:40



**1.** Name of Limited Partnership

**1a.** DOCUMENT #  
**A94000000552**

**RACK FAMILY INVESTMENTS, LTD.**

|   |                                     |  |         |
|---|-------------------------------------|--|---------|
| Mailing Address<br><b>C/O COLONY WEST COUNTRY CLUB<br/>6800 N.W. 88TH AVENUE<br/>TAMARAC FL 33321</b> |                                     | Principal Office Address<br><b>C/O COLONY WEST COUNTRY CLUB<br/>6800 N.W. 88TH AVENUE<br/>TAMARAC FL 33321</b> |         |
| <b>2.</b> Mailing Address   | <b>2a.</b> Principal Office Address |  |         |
| Suite, Apt. #, etc  | Suite, Apt. #, etc.                 |  |         |
| City & State  | City & State                        |  |         |
| Zip   | Country                             | Zip  | Country |

|  |   |
|--|---|
| <b>3.</b> Date Formed or Registered<br><b>04/20/1994</b>                               | <b>5a.</b> Capital Contributions as Shown on record<br><b>\$2,000,000.00</b>    |
| <b>3a.</b> Date of Last Report<br><b>11/20/1995</b>                                    |   |
| <b>4.</b> State or Country of Formation<br><b>FL</b>                                   | <b>5b.</b> Amount of Capital Contributions in FLORIDA to date                   |
| <b>6.</b> FEI Number<br><b>65-0491134</b>  |   |
| <b>7.</b> Certificate of Status Desired  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information) | <input type="checkbox"/> \$8.75 Additional Fee Required                         |

**9.** Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**10.** If changed, new Registered Agent/Office

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

*Out 10/30*

**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.**

|  |  |   |   |
|--|--|---|---|
| <b>11.</b> Name(s) of General Partner(s)<br><b>RACK HOLDING CORP.</b>                  | <b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)<br><b>C/O 6800 N.W. 88TH AV</b> | <b>11b.</b> City, State & Zip Code<br><b>TAMARAC FL 33321</b> | <b>11c.</b> Registration/Document Number<br><b>P94000024359</b> |
| <b>600001993696--6</b><br><b>-11/01/96--01022--001</b><br><b>****576.25 ****576.25</b> |  |   |   |

**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 *[Signature]* DATE **10/21/96**

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/96)