

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

96 DEC 19 AM 9:28

# 12127



1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001771**

**SCHWARTZ FAMILY LIMITED PARTNERSHIP**

Mailing Address

**STEVEN SCIARRETTA, ESQ.**  
1800 GLADES ROAD, SUITE 355  
BOCA RATON FL 33431

Principal Office Address

2000 SOUTH OCEAN BLVD., #303N  
PALM BEACH FL 33480

3. Date Formed or Registered

12/20/1994

5a. Capital Contributions as  
Shown on record

**\$1,900,000.00**

3a. Date of Last Report

03/25/1996

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

**1,900,000.00**

4. State or Country of Formation

**FL**

6. FEI Number

**65-0488150**

☐ 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)

2. Mailing Address

**LUCILLE AND ARTHUR SCHWARTZ Blvd.**  
Suite 2000 So. Ocean Blvd., 204N  
Palm Beach, FL 33480

2a. Principal Office Address

**LUCILLE AND ARTHUR SCHWARTZ Blvd.**  
Suite 2000 So. Ocean Blvd., 204N  
Palm Beach, FL 33480

City & State

**Palm Beach, FL**

Zip

**33480**

City & State

**Palm Beach, FL**

Zip

**33480**

9. Name and Address of Current Registered Agent

**SCIARRETTA, STEVEN ESQ**  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431

10. If changed, new Registered Agent/Office

Name

**LUCILLE AND ARTHUR SCHWARTZ**  
Street 2000 So. Ocean Blvd., 204N  
Suite Palm Beach, FL 33480

City 303 N

**Palm Beach,**

**FL**

Zip Code

**33480**

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)

*Arthur Schwartz Lucille Schwartz* DATE **12/12/96**

**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)

**SCHWARTZ, ARTHUR**

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

**2000 SOUTH OCEAN BLVD**

11b. City, State & Zip Code

**PALM BEACH FL 33480**

11c. Registration/  
Document Number

000002040060-2  
-12/27/96-01122-013  
\*\*\*\*576.25 \*\*\*\*576.25

**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

*Arthur Schwartz*

DATE

**10/25/96**  
**(561) 582-9313**

Typed or Printed Name of General Partner Signing Form

**Arthur Schwartz**

Daytime Telephone Number

CR2E003 (6/96)