

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**

98 JAN 26 PM 3:58



1. Name of Limited Partnership

**1a. DOCUMENT #
A94000001836**

MAXINE H. FORWARD FAMILY LIMITED PARTNERSHIP NO. 1

Mailing Address

**C/O MAXINE H. FORWARD
3153 WARRINGTON ROAD
SHAKER HEIGHTS OH 44120**

Principal Office Address

**C/O MAXINE H. FORWARD
3153 WARRINGTON ROAD
SHAKER HEIGHTS OH 44120**

3. Date Formed or Registered

12/23/1994

3a. Date of Last Report

01/13/1997

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record.

\$620,469.00

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

620469.00

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

34-1787537

☐ 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

**~~SMITH, V. MORRIS ESQ., DECEASED~~
22 SOUTH TUTTLE AVENUE, SUITE 3
SARASOTA FL 34237-6395**

**BOWMAN, GEORGE SAEB, TRALE & ROBINSON
~~BURDET SMITH BOWMAN & GEORGE~~**

10. If changed, new Registered Agent/Office

Name

DAVID G. BOWMAN

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

SAME ADDRESS

Suite, Apt. #, etc.

City

FL

Zip Code

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)

David G. Bowman

DATE **1-20-98**

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)

FORWARD, MAXINE H

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

3153 WARRINGTON ROAD

11b. City, State & Zip Code

SHAKER HEIGHTS OH 44120

11c. Registration/Document Number

**200002413902--6
-02/03/98--01065--005
***541.25 ***541.25**

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

Maxine H. Forward

DATE **12-19-97**

Typed or Printed Name of General Partner Signing Form

MAXINE H. FORWARD

Daytime Telephone Number

216-991-0600

CR2E003 (6/97)