

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	
1. Name of Limited Partnership MAXINE H. FORWARD FAMILY LIMITED PARTNERSHIP NO. 2		1a. DOCUMENT # A94000001837	
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	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		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. \$406,213.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 406213.00	
		6. FEI Number 34-1787536 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 26 PM 3:56



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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 SCHER TALEY ROBINSON BURKET 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	
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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 000002413300--2 -02/03/98--01065--004 ***541.25 ***541.25
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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)