FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 27 PM 2:46

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001837

MAXINE H. FORWARD FAMILY LIMITED PARTNERSHIP NO. 2

94-AP/cw3
CM

Mailing Address	Principal Office Address
C/O MAXINE H FORWARD 3153 WARRINGTON ROAD SHAKER HEIGHTS OH 44120	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
01/26/1998

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
406,213.00

6. FEI Number
34-1787536
☐ 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	**2a.** Principal Office Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

9. Name and Address of Current Registered Agent

BOWMAN, DAVID G
BOWMAN, GEORGE, SCHEB TOALE & ROBINSON
22 SOUTH TUTTLE AVENUE, SUITE 3
SARASOTA FL 34237-6395

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
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 the 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
FORWARD, MAXINE H	3153 WARRINGTON ROAD	SHAKER HEIGHTS OH 441	

SECRETARY OF STATE
02/03/99 01021--022
****526.25 ****526.25

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 1-12-99

Typed or Printed Name of General Partner Signing Form MAXINE H FORWARD Daytime Telephone Number 216-991-0000

CR2E003 (8/98)