

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 19 AM 11:23

mt  
11/20

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000010

SHEINSON FAMILY INVESTMENT COMPANY, LTD.



Mailing Address

Principal Office Address

~~1016 BELAIR DRIVE~~  
HIGHLAND BEACH FL 33487

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HIGHLAND BEACH FL 33487

3. Date Formed or Registered

12/23/1994

5a. Capital Contributions as  
Shown on record.

\$1,210,092.00

3a. Date of Last Report

12/11/1997

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

4. State or Country of Formation

FL

6. FEI Number

NOT APPLICABLE

☐ 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

272 SE 5th AVE

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip Country  
33483 Palm Beach

2a. Principal Office Address

272 SE 5th AVE

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip Country  
33483 Palm Beach

9. Name and Address of Current Registered Agent

SHEINSON, MICHAEL P

1016 BELAIR DRIVE 272

HIGHLAND BEACH FL 33487

10. If changed, new Registered Agent/Office

Name

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

272 SE 5th AVE

Suite, Apt. #, etc.

City

Delray Beach

FL

Zip Code

33483

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.

11. Name(s) of General Partner(s)

SHEINSON, MICHAEL P TRUSTEE

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

1016 BELAIR DRIVE  
272 SE 5th AVE

11b. City, State & Zip Code

HIGHLAND BEACH FL 334  
Delray Beach, FL  
33483

11c. Registration/  
Document Number

500002635295--7  
-11/24/98-01050-007  
\*\*\*\*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

DATE

Typed or Printed Name of General Partner Signing Form

Michael P. Sheinson

Daytime Telephone Number

561-266-8708

CR2E003 (8/98)