

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

97 DEC 18 PM 1:31

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000100

19860 JOG ROAD LIMITED PARTNERSHIP

Mailing Address

C/O FELDMAN, GUTTERMAN, ET AL
280 PLANDOME ROAD
MANHASSET NY 11030

Principal Office Address

19860 JOG ROAD
BOCA RATON FL 33428

3. Date Formed or Registered

01/18/1995

5a. Capital Contributions as
Shown on record.

\$5,000.00

3a. Date of Last Report

01/21/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number

65-0546519

☐ 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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

ASTOR, LIONEL
22354 SW 57 AVE.
BOCA RATON FL 33458

10. If changed, new Registered Agent/Officer

Name

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

Suite, Apt. #, etc.

City

500002386855-0
-12/31/97 FD1032-011
****156.25****156.25

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, submit 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)

19860 JOG ROAD CORP.

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

C/O 280 PLANDOME ROAD

11b. City, State & Zip Code

MANHASSET NY 11030

11c. Registration/
Document Number

P95000002678

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

Mark Neimberg

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

MARK NEIMBERG

Daytime Telephone Number

(516) 365-6600

CR2E003 (5/97)