FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT
1998

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

1. Name of Limited Partnership

1a. DOCUMENT # A95000000625

WRONO FAMILY LIMITED PARTNERSHIP I

Mailing Address	Principal Office Address
c/o SHARON WRONO 410 S. PARK ROAD #109 HOLLYWOOD, FL 33021	410 S. PARK ROAD #109 HOLLYWOOD, FL 33021

2. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

2a. Principal Office Address — Suite, Apt. #, etc. — City & State — Zip — Country

3. Date Formed or Registered: 04/18/1995

3a. Date of Last Report: 12/26/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,143,320.00

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

6. FEI Number: 65-0602093 ☐ 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

JOHNSON, CHARLES H
201 SOUTH BISCAYNE BLVD., 10TH FLOOR
THE MIAMI CENTER
MIAMI FL 33134

10. If changed, now Registered Agent/Office

Name: David Lee Carlson, Esq.
Street Address (P.O. Box Number is Not Acceptable): 8180 N.W. 36th St.
Suite, Apt. #, etc.: Suite 100
City: Miami Springs FL Zip Code: 33166

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 Lee Carlson DATE 12/8/97

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
WRONO, HELEN	4811 CONOVER COURT, S	FT. MYERS FL 33908	
WRONO, SHARON	~~6111 S.W. 190TH AVE.~~ 410 S. PARK RD #109	~~FT. LAUDERDALE FL 333~~ HOLLYWOOD, FL 33021	

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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 Sharon Wrono Sharon Wrono DATE 12-08-97

Typed or Printed Name of General Partner Signing Form: Sharon Wrono

Daytime Telephone Number: 1-954-~~[illegible]~~

CR2E003 (6/97)