

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

98 MAY 26 PM 3:32

1. Name of Limited Partnership

1a. DOCUMENT #

A95000000645

WEINER FAMILY LIMITED PARTNERSHIP

Mailing Address

550 So. Ocean Blvd
APT. 2107
Boca Raton, FL
33432

Principal Office Address

550 So. Ocean Blvd
APT 2107
Boca Raton, FL
33432

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

4/18/95

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

65-0497699

7. Certificate of Status Desired

5a. Capital Contributions as Shown on record.

1,223,706.00

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

☐ Applied For
☐ Not Applicable

☐ \$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

WEINER FAMILY HOLDINGS CORP
550 So. Ocean Blvd. APT 2107
Boca Raton, FL 33432

10. If changed, new Registered Agent/Office

Name

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

300002536653--2

Suite, Apt. #, etc.

05/27/98 01059 005

City

****437.50

Zip Code

FL

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)

Howard B. Weiner

DATE 5/15/98

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)

WEINER FAMILY
HOLDINGS CORP

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

550 2nd OCEAN
BLVD
APT 2107

11b. City, State & Zip Code

Boca Raton, FL

11c. Registration/Document Number

P94000034385

MAH

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

Howard B. Weiner

DATE 5/15/98

Typed or Printed Name of General Partner Signing Form

Howard B. Weiner

Daytime Telephone Number

561 3910721

CR2E003 (6/97)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 11, 1998

WEINER FAMILY LIMITED PARTNERSHIP # 1
550 SOUTH OCEAN BLVD.
APT. 2107
BOCA RATON, FL 33432

SUBJECT: WEINER FAMILY LIMITED PARTNERSHIP # 1
Ref. Number: A95000000645

We have received your document for WEINER FAMILY LIMITED PARTNERSHIP # 1 and check(s) totaling \$437.50. However, your check(s) and document are being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Attached is a computer printout for your partnership which shows the general partner(s) according to our records. Your annual report must list the same partners as shown on the printout. To change the partner(s), an amendment must be filed and the appropriate filing fee submitted in accordance with chapter 620, Florida Statutes.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.

Michelle Hodges
Document Specialist
Division of Corporations



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 15, 1998

WEINER FAMILY LIMITED PARTNERSHIP # 1
550 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

SUBJECT: WEINER FAMILY LIMITED PARTNERSHIP # 1

DOCUMENT NUMBER: A95000000645
Debit Memo:

Enclosed is a Certificate of Revocation revoking the authority of WEINER FAMILY LIMITED PARTNERSHIP # 1, to transact business in Florida. This revocation is in accordance with Chapter 620, Florida Statutes.

If you have any questions concerning the enclosed information or regarding the reinstatement, please contact the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (850) 487-6051.

*I have not received any prior notice of the 1998 report. The year health wise has not been a good one. I had 2 colonoscopy operations and a complete exam to see if there were any recoveries of the stage 4 grade melanoma.
Enclosed is my check in amount of 437.50.
please void the certificate of revocation.*

Howard Weiner