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
98 JAN 21 AM 8:56

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 # A95000000809

SIMCHA FAMILY LTD.

Mailing Address	Principal Office Address
2509 BAYISLE DR. FT. LAUDERDALE FL 33327	C/O HERBERT W. AND EAINE TRINKLER 16251 GOLF CLUB ROAD, APT. 209 FORT LAUDERDALE FL 33326

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
05/26/1995

3a. Date of Last Report
02/23/1998

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$650,000.00

5b. Amount of Capital Contributions in Cash to date

6. FEI Number
65-0584758
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make Check Payable to Dept. of State (See fee schedule for fees of Corporations)

9. Name and Address of Current Registered Agent

COHN, ALAN B
C/O ABRAMS, ANTON, ROBBINS, ET AL
2021 TYLER STREET
HOLLYWOOD FL 33022

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 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
TRINKLER, HERBERT W	2509 BAY ISLE DR	FORT LAUDERDALE FL 33	
TRINKLER, ELAINE	2509 BAY ISLE DR	FORT LAUDERDALE FL 33	

-02/05/99- -01003--001
****446.25 ****446.25
-02/05/99- -01003--002
*****80.00 *****80.00

CR2E003 (6/96)

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)(i), 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, Trustee or Trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Herbert Trinkler G.P. DATE 12/1 98

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number