

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 JAN 16 AM 11:15

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001047

HILPAY FAMILY LTD.

Mailing Address

2509 BAY ISLE DR  
FT LAUDERDALE FL 33327

Principal Office Address

2509 BAY ISLE DR  
FT LAUDERDALE FL 33327

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

07/10/1995

3a. Date of Last Report

12/26/1996

4. State or Country of Formation

FL

6. FEI Number

65-0599278

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record.

\$81,541.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$59,287.00

☐ Applied For  
☐ Not Applicable

\$8.75 Additional  
Fee Required

9. Name and Address of Current Registered Agent

COHN, ALAN B ESQ  
% ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER  
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

TRINKLER, ELAINE

2509 BAY ISLE DR

2509 BAY ISLE DR

FT LAUDERDALE FL 3332

FT LAUDERDALE FL 3332

600002412406--1  
-01/27/98--01006--001  
\*\*\*\*423.76 \*\*\*\*423.76

600002412406--1  
-01/27/98--01006--002  
\*\*\*\*80.00 \*\*\*\*80.00

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

Herbert Trinkler, G.P.

DATE

12/11/97

Typed or Printed Name of General Partner Signing Form

HERBERT TRINKLER

Daytime Telephone Number

954-384-1267

CR2E003 (6/97)