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

LIMITED PARTNERSHIP
ANNUAL REPORT

EPORT 8

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

	N. S.		ATIONS	00 51	CD 00
1. Name of Limited Partnership	1a. A9	DOCUMENT 5000001084		(48549) 1818 8191 8141 8641	EB 20 PM 3: 13
OSTROW PROPERTIES	!	······································		002/20	
44.00	Principal (V	fice Address		3. Date formed or Registered	58. Capital Contributions as Shown on record.
Mailing Address 6451 EAST POINTE PINES STREET PALM BEACH GARDENS FL 33418	6451 EAST	6451 EAST POINTE PINES STREET PALM BEACH GARDENS FL 33418		07/17/1995 3a. Date of Last Report	\$300,000.00
				12/30/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Princi	pal Office Address		FL	Sample of the second second
Suite, Apt. #, etc.	Suite, Apt.			6. FEI Number 65-0598414	Applied For Not Applicable
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Zip Country	Zip	Country	y	8. Make check payable to: Dept. o	of State (See reverse side for fee information
Q Name and Ad	Idress of Current Benistered Age			10. If changed, new Registers	red Agent/Office
9. Name and Address of Current Registered Agent			9		
OSTROW, BARNET	DEET	Street	t Address (P.O.	Box Number Is Not Acceptable)	
6451 EAST POINTE PINES STREET PALM BEACH GARDENS FL 33418		Suite,	Suite, Apt. #, etc.		
		City			FL Zip Code
10a. Pursuant to the provisions of sectifor the purpose of changing its reagent. I am familiar with, and accurate	ions 620.1051 and 620 192, Florida ogistered office or registered agent, lept the obligations of section 620.19	or both, in the State of Florida. Such	partnership org h change was a	panized or registered under the laws of i authorized by its general partner(s). I he	the State of Florida, submits this stateme ereby accept the appointment of register
SIGNATURE (Registered Agent Accepting	Appointment)	POPATION LIMIT	ED BAB	TNERSHIP OR OTHE	
SIGNATURE (Registered Agent Accepting A GENERAL PARTNI	ER THAT IS A COF	SISTERED AND AC	TIVE W	TNERSHIP OR OTHE	ER BUSINESS ENTIT
SIGNATURE (Registered Agent Accepting A GENERAL PARTNI 11. Name(s) of General Partner(s)	ER THAT IS A COF MUST BE REC	RPORATION, LIMIT RISTERED AND AC Address of Each General Panner to NOT Use Post Office Box Number	TIVE W	TNERSHIP OR OTHE ITH THIS OFFICE.	
A GENERAL PARTN	ER THAT IS A COF MUST BE REG 11a. (c	SISTERED AND AC	ers) 11b.	TNERSHIP OR OTHE ITH THIS OFFICE.	ER BUSINESS ENTIT
A GENERAL PARTNI 11. Name(s) of General Partner(s)	ER THAT IS A COF MUST BE REG 11a. (C	Address of Each General Partner to NOT Use Post Office Box Number	PA	TNERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code	ER BUSINESS ENTIT
A GENERAL PARTNI 11. Name(s) of General Partner(s) OSTROW, BARNET	ER THAT IS A COF MUST BE REG 11a. (C	Address of Each General Partner to NOT Use Post Office Box Number	PA	TNERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code LLM BEACH GARDENS FL LLM BEACH GARDENS FL	ER BUSINESS ENTIT
A GENERAL PARTNI 11. Name(s) of General Partner(s) OSTROW, BARNET	ER THAT IS A COF MUST BE REG 11a. (c 6451 I	Address of Each General Partner to NOT Use Post Office Box Number EAST POINTE PINE EAST POINTE PINE	ers) 11b.	TNERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code LLM BEACH GARDENS FL ALM BEACH GARDENS FL 200022 *****	11c. Registration/ Document Number

;RZE003 (6/9)

his 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 truste empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Samuel Support or Printed Name of General Partner Signing Form

Osnou

Daylime Telephone Number 561-627-0594