

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

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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 #
A95000001148

FISHMAN & COMPANY, LTD.



Mailing Address

1456 BREAKERS WEST BLVD.
WEST PALM BEACH FL 33411

Principal Office Address

1456 BREAKERS WEST BLVD.
WEST PALM BEACH FL 33411

3. Date Formed or Registered

07/27/1995

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

09/26/1996

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

100.00

4. State or Country of Formation

FL

2. Mailing Address

143 Clarendon Avenue
Suite, Apt. #, etc.

2a. Principal Office Address

143 Clarendon Avenue
Suite, Apt. #, etc.

City/State

Palm Beach, FL

City/State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

6. FEI Number

65-0596067

☐ 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

FISHMAN, ANN DEBORAH
1456 BREAKERS WEST BLVD.
WEST PALM BEACH FL 33411

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Palm Beach

FL

Zip Code

33480

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)

Ann Fishman

DATE

2/2/98

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)

FISHMAN & COMPANY OF PALM BE

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

1456 BREAKERS WEST BL

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/
Document Number

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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

Ann Fishman

DATE

2/2/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

361-832-4774

CR2E003 (12/97)