

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT 14 PM 3:49

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001379**

**EGW ENTERPRISES, LTD.**



Mailing Address

**2845 AVENTURA BLVD., SUITE 114  
AVENTURA FL 33180**

Principal Office Address

**2845 AVENTURA BLVD., SUITE 114  
AVENTURA FL 33180**

3. Date Formed or Registered

**09/14/1995**

5a. Capital Contributions as  
Shown on record

**\$700,000.00**

3a. Date of Last Report

**04/17/1996**

5b. Amount of Capital  
Contributions in FLORIDA  
to date

**\$ 700,000.00**

4. State or Country of Formation

**FL**

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FET Number

**APPLIED FOR  
65-8632062**

☐ 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

**DADE COUNTY CORPORATE AGENTS, INC.  
20801 BISCAYNE BLVD., SUITE 505  
AVENTURA FL 33180**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**400001980164-2  
-10/18/96-01056-016  
\*\*\*576.25 FL \*\*\*576.25**

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
ALPHA H. INC.	2845 AVENTURA BLVD.,	AVENTURA FL 33180	P95000063765
BETA H. INC.	201 N.W. 82ND AVE., S	PLANTATION FL 33324	P95000067558
GAMMA H. INC.	201 NW 82ND AVE., SUI	PLANTATION FL 33324	P95000085514
DELTA H. INC.	201 NW 82ND AVE., SUI	PLANTATION FL 33324	P95000085507

**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 609, Florida Statutes.

SIGNATURE

*Jay D. Ellenby MD*  
**JAY D. ELLENBY MD**

DATE

**OCT 10, 1996**

Typed or Printed Name of General Partner Signing Form

Telephone Number

**(305) 933-6033**