## 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

1. Name of Limited Partnership

**DOCUMENT #** A95000001458

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DN FAMILY LIMITED PARTNE	ERSHIP	1000000000000000000000000000000000000			
Mailing Address  1475 WEST CYPRESS CREEK ROAD. SUITE 204 FORT LAUDERDALE FL 33309  Principal Office Address 1475 WEST CYPRESS FORT LAUDERDALE FL 33309  FORT LAUDERDALE			3. Date Formed or Registered 09/28/1995	58. Capital Contributions as Shown on record. \$500,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  \$500,000.00  Applied For Not Applicable	
		•	3a. Date of Last Report 01/02/1996  4. State or Country of Formation		
2. Mailing Address	28. Principal Office Address		FL		
Suite, Apt. #, etc.	st. #, etc. Suite, Apt. #, etc.		6. FEI Number 65 6105056		
City & State	City & State	6	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	ountry Zip Country		8. Make check payable to Dept. of State (See reverse side for fee info		
9. Name and Address of Curren	nt Registered Agent	10. If changed, new Registered Agent/Office			
GOLDING, STEPHEN M 1475 WEST CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309		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 are for the purpose of changing its registered office o agent. I am familiar with, and accept the obligation	r registered agent, or both, in the State o			he State of Flonda, submits this statemen	
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT  MUS		I, LIMITED P	ARTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Offi		1b. City, State & Zip Code	11c. Registration/ Document Number	
RDN, INC.	1475 WEST CYPRES	S CRE	FORT LAUDERDALE FL 33	P95000089975	
			13.11/1011/1032 -01/03 ****5	04470050 79701108006 76.25 ****576.25	
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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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I re	lease the Division of
	Corporations from any tiability 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 partners of the li	artnership, receiver or truste
	empowered to recute this report as required by chapter 620, Floring Statutes	1
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Typed or Printed Name of General Partner Signing Form 🛫

Richard D. Nelson, President RDN, INC., GENERAL PARTNER

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