## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SELTZER FAMILY PARTNERSHIP, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000001481 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
17047 BOCA CLUB BLVD., #122A	17047 BOCA CLUB BLVD :	#122A	10/02/1995	\$2,330,742.84
BOCA RATON FL 33487	BOCA RATON FL 33487		3a. Date of Last Report 12/08/1997	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Addres	2a. Principal Office Address		2,330,742 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0614389	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	
Zip Country	Zip	Country	- F Goranda or Gastas Desired	\$8.75 Additional Fee Required
			8. Make check payable to: Dept. of State (See reverse side for fee information)	
9 Name and Address o	f Current Registered Agent		10. If changed, new Registere	d Agent/Office
SELTZER, JASON		Name		
17047 BOCA CLUB BLVD., #122A		Street Address (P.O. Box Number Is Not Acceptable)		
BOCA RATON FL 33487		Suite, Apt. #, etc.		

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SELTZER, JASON	17047 BOCA CLUB BLVD.	BOCA RATON FL 33487	(808)
SELTZER, HELEN	17047 BOCA CLUB BLVD.	BOCA RATON FL 33487	1
			8
	•	4000027:	109244 01008001
		****528	.25 ****528.25

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, filiprida Statutes.

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form JASON JOZZA

Daytime Telephone Number 55/1988-240

DATE 1/30/98

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