

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 31 AM 10:04

HC 1114



**1.** Name of Limited Partnership

**1a.** DOCUMENT #  
**A95000001605**

**LUCILLE S. ALTER FAMILY LIMITED PARTNERSHIP**

Mailing Address

100 BAY VIEW DRIVE  
ARLEN HOUSE EAST, APARTMENT 1226  
NORTH MIAMI BEACH FL 33160-4758

Principal Office Address

100 BAY VIEW DRIVE  
ARLEN HOUSE EAST, APARTMENT 1226  
NORTH MIAMI BEACH FL 33160-4758

**3.** Date Formed or Registered

10/24/1995

**5a.** Capital Contributions as Shown on record.

\$1,000,000.00

**3a.** Date of Last Report

01/27/1997

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

**2.** Mailing Address

**2a.** Principal Office Address

**4.** State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6.** FEI Number

52-1952062

Applied For  
 Not Applicable

City & State

City & State

**7.** Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

**8.** Make check payable to: Dept. of State (See reverse side for fee information)

**9.** Name and Address of Current Registered Agent

ALTER, LUCILLE S  
100 BAY VIEW DRIVE  
ARLEN HOUSE EAST, APARTMENT 1226  
NORTH MIAMI BEACH FL 33160-4758

**10.** If changed, new Registered Agent/Office

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 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

ALTER, LUCILLE S

100 BAY VIEW DR. ARLE

NORTH MIAMI BEACH FL

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-01/15/98--01114--023  
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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

*Lucille S. Alter*  
Lucille S. Alter

DATE

12-11-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

410-576-5202

CR2E003 (6/97)