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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



HORTENSE M. KAPLAN FAMILY LIMITED PARTNERSHIP

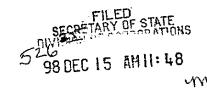
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A95000001642



				s samment som namme mille detter abent bortt boste bring siefen bille beneg hint inder		
Malling Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1080 PEPPERTREE LANE. APARTI	MENT #507	1080 PEPPERTREE LANE.	APARTMENT #507	11/01/1995	\$4.770.704.07	
SARASOTA FL 34242		SARASOTA FL 34242		3a. Date of Last Report	\$1,778,761.87	
				12/15/1997	5b. Amount of Capital	
				4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Addr	ess			
				Į FL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number	Applied For	
01. 4.0		01. 0.0.		65-6190394	Not Applicable	
City & State		City & State				
Zip Cour	trv	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
-4				8_ Make check payable to: Dept. of State (See reverse side for fee information)		

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, stc.		
KAPLAN, HORTENSE M 1080 PEPPERTREE LANE, APARTMENT #507 SARASOTA FL 34242			
	City Žip Čode		

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)

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MIIST BE DECISTEDED AND ACTIVE WITH THIS OFFICE

MOOF BE REGIOTERED 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						
KAPLAN, HORTENSE M TRUSTEE	1080 PEPPERTREE LANE,	SARASOTA FL 34342							
		6000027 -12/23/9 ****\$2	207269 8-01050008 6.25 ****526.25						

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

S	IGN	ΙAΤ	UF	RΕ
---	-----	-----	----	----

Typed or Printed Name of General Partner Signing Form

112-10-98