

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

FILED

96 OCT -3 PM 3:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
 ANNUAL REPORT



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

1997

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
Simensky, LTD.

1a. DOCUMENT #
A95000001934

97-AR
 CM

2. New Mailing Address, if Applicable

Suite, Apt. # etc

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. # etc

City, State & Zip

Mailing Address
**ClO MACLEAW & EMA
 2600 NE 14th Street Causeway
 Pompano Beach, FL 33062**

Principal Office Address
**ClO MACLEAW & EMA
 2600 NE 14th Street Causeway
 Pompano Beach, FL 33062**

3. Date Formed or Registered to Do Business in
 FLORIDA
December 12, 1995

3a. Date of Last Report
December 31, 1996

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
 on Record
\$ 724,000

5b. Amount of Capital Contributions in
 FLORIDA to date
\$ 724,000

6. FEI Number
65-0630772

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
 See Florida Statutes for a Certificate of Status

8. FEES: 1) Filing Fee Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
 2) Supplemental Fee \$138.75 (pursuant to section 607.193, F.S.)
 THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
 Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
 MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
**MACLEAW, LAURA G.
 ClO MACLEAW AND EMA
 2600 NE 14th Street Causeway
 Pompano Beach, FL 33062**

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)
Stephen Simensky

11a. Address of Each General Partner
 (Do NOT Use Post Office Box Numbers)
545 Dolphin Drive

11b. City, State & Zip Code
Woodmere, NY 11598

11c. Registrar/Document Number
**900001970689
 -10/10/96--01057--009
 ****575.25 ****575.25**

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, Florida Statutes.

SIGNATURE *Stephen Simensky*
 Typed or Printed Name of General Partner Signing Form **Stephen Simensky**

DATE **9/19/96**
 Telephone Number **516-295-1771**

CR2E003 (6/95)