

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 Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1997

1. Name of Limited Partnership  
Simensky, LTD.

1a. DOCUMENT #  
A95000001934

97-AR  
CM

DO NOT WRITE IN THIS SPACE

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  
C/O MACLEAW & EMA  
2600 NE 14th Street Causeway  
Pompano Beach, FL 33062

Principal Office Address  
C/O MACLEAW & EMA  
2600 NE 14th Street Causeway  
Pompano Beach, FL 33062

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

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 ☐  
SHOULD BE FILED WITH THIS REPORT  
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.  
C/O 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, State & Zip  
FL

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

Stephen Simensky

545 Dolphin Drive

Woodmere, NY 11598

900001970688  
-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  
Stephen Simensky

DATE 9/19/96

Typed or Printed Name of General Partner Signing Form

Telephone Number 516-295-1771

CR2E003 (6/95)