

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 21 AM 11:04

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001934

SIMENSKY, LTD.



Mailing Address

C/O MACLEAN AND EMA
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

Principal Office Address

C/O MACLEAN AND EMA
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

3. Date Formed or Registered

12/12/1995

3a. Date of Last Report

12/01/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$724,000.00

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

2. Mailing Address

**2307 BRIDGEMOOR DR
BRA FL.**

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

PALE

6. FEI Number

65-0630772

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

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

9. Name and Address of Current Registered Agent

MACLEAN, LAURA G ESQUIRE
C/O MACLEAN AND EMA
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

10. If changed, new Registered Agent/Office

Name

700002646417-5

Street Address (P.O. Box Number is Not Acceptable)

19/22798-01081-004

Suite, Apt. #, etc.

******526.25 ****526.25**

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)

SIMENSKY, STEPHEN

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. Registration/
Document Number

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

DATE

9/16/98

Typed or Printed Name of General Partner Signing Form

STEPHEN SIMENSKY

Daytime Telephone Number

516 569-3883

CR2E003 (8/98)