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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

FILED 96 NOV 21 AH 10: 26 SECRITABLE

| 1997 | | DIVISION OF CO | RPORATION | 1S | MILAHAS | SSEE FLORIDA | |
|--|---|---|--------------------|---------------------------|-------------------------------|---|--|
| 1. Name of Limited Partnership 1a. DOCUMENT # A9600000163 FRANZBLAU FAMILY LIMITED PARTNERSHIP | | | | | | | |
| Mailing Address 12372 QUERCUS LANE WEST PALM BEACH FL 33414 | | Principal Office Address 12372 OUERCUS LANE WEST PALM BEACH FL 33414 | 12372 QUERCUS LANE | | /1996 Last Report | 5a. Capital Contributions as Shown on record. \$294,000.00 5b) Amount of Capital Contributions in FLORIDA to date: | |
| 2. Malling Address | dress 28. Principal Office Address | | | FL | ountry of Formation | \$474,000.00 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6. FEI Numb | 526231 | Applied For Not Applicable | |
| City & State | -: | City & State | City & State | | e of Status Desired | \$8.75 Additional | |
| Zip Co | untry | Zip Country 8. Make | | 8. Make ch | eck payable to: Dept. of St | Fee Required tate (See reverse side for fee Information) | |
| 9. Name | and Address of Current R | tegistered Apent | T | 10. Ital | hanged, new Registered ? | <u> </u> | |
| DONOFF, CRAIG | | | Name | 10, % | | 2 5 1 | |
| 6100 GLADES ROAD | 1 1 | Street Address (P.O. Suite, Apt. #, etc. | | ess (P.O. Box Number Is N | Box Number Is Not Acceptable) | | |
| SUITE 204 BOCA RATON FL 3343 | | | | , etc. | 40 -0 0 | | |
| BOOK INTOIT PE 3013 | | · | City | | | Zip Code | |
| for the purpose of changing agent. I am familiar with, a | ng its registered office or reg and accept the obligations o | 620.192, Florida Statutes, the above-name gistered agent, or both, in the State of Flor of section 620.192, Florida Statutes. | | | | | |
| 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 Par | | 11a. (Do NOT Use Post Office B | | | le & Zip Code | 11c. Registration/ Document Number | |
| · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | | 1 | |

| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---|-----------------------------|---------------------------------------|
| FRANZBLAU, AARON | 12372 QUERCUS LANE | WEST PALM BEACH FL 33 | |
| FRANZBLAU, SARAH | 12372 QUERCUS LANE | WEST PALM BEACH FL 33 | |
| | ļ | Ennana | 142654 |

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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 accordance and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustees required by chapter empowered to execute this re-

| | \sim k | 1 / 1 | URE |
|---|----------|-------|-----|
| 0 | יוטו | יואא | UNE |

Typed or Printed Name of General Partner Signing Form

Aaron Franzbiau

Daytime Telephone Number _

(407)