FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



empowered to execute this report as required by chapter 620. Florida Statutes.

Aaron Franzbiau

SIGNATURE

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Name of Limited Partnership

1a. DOCUMENT # **A9600000163**

DIVISION OF CORPORATIONS

97 DEC 11 AMIL: 09



(561) 793-4299

MANZDEAU FAMILT LIMIT	ED FARTNERSHIF			
			08/12/12	T =-
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
2372 QUERCUS LANE	12372 OUERCUS LANE		01/19/1996	***
WEST PALM BEACH FL 39414	WEST PALM BEACH FL 33414		3a. Date of Last Report	\$2,280,000.00
			11/21/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
E Walling Address	La. Principal Office Address		FL	\$745,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	☐ Applied For
City & State	City & State		65-0626231	Not Applicable
Žip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additiona
		Country	8. Make check payable to; Dept. of	State (See reverse side for fee Inform
A No.	Name of the state	1	10 110	A 1/2/K
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registere	d Agent/Office
DONOFF, CRAIG		Street Address	(P.O. Box Numbor Is Not Acceptable)	
6100 GLADES ROAD				
SUITE 204		Suite, Apt. #, e	rtc	
BOCA RATON FL 33434		Cily		FL Zip Code
SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TH	IAT IS A CORPORATION, L	IMITED P	PARTNERSHIP OR OTHE	
N	JUST BE REGISTERED AN	D ACTIVE	WITH THIS OFFICE.	Popietration
Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	x Numbers)	1b. City, State & Zip Code	11c. Document Number
FRANZBLAU, AARON	12372 QUERCUS LANE		WEST PALM BEACH FL 33	
FRANZBLAU, SARAH	12372 QUERCUS LANE	1	WEST PALM BEACH FL 33	
				ومن ويت المارية
			800002 -12/16 *****5	973528 79701070015 41.25 ****541.25
Note: General partners MAY	NOT be changed on this form	n; an amen	dment must be filed to ch	ange a general partne
12. I do hereby certify that the information supplier Corporations from any liability of non-complian	d with this filing is voluntarily furnished and does no co with Section 119.07(3)(k) in the event that the inf			
	ce with Section 119.07(3)(k) in the event that the in: I my signature shall have the same logal effects as:			