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

**LIMITED PARTNERSHIP ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

a. DOCUMENT # **A9600000412** 

97 DEC 10 PM 12: 47

SECHLIMITY OF STATE TALLAHASSEE, FLORIDA

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|      |      |
|      |      |

| THE KAPLAN BROTHERS FAMILY PARTNERSHIP PETERS, L   |   |  |                                  |   |                                |                                     |  |
|--|---|--|----------------------------------|---|--------------------------------|-------------------------------------|--|
| D  |   |  |                                  |   | _                              | DL 12/11                            |  |
| falling Address  | Principal Office Address                                | Principal Office Address                           |                                  | 3. Date Formed or Registered  |                                | al Contributions as                 |  |
| 000 S.W. 56TH AVENUE   | 2000 S.W. 56TH AVENUE                                   | 2000 S.W. 56TH AVENUE                              |                                  | 02/26/1996  |                                | <b>60.00</b>                        |  |
| LANTATION FL 33317   | PLANTATION FL 33317                                     |  |                                  | 3a. Date of Last Report   |                                | \$0.00                              |  |
|  |   |  |                                  | 03/03/1997  | 5b. Amou<br>Contr              | nt of Capital<br>butions in FLORIDA |  |
| 2. Malling Address   | 2a, Principal Office Address                            |  |                                  | 4. State or Country of Formation  | to dat                         | e:                                  |  |
| Te Manageroon  |   | Lag Timelpai Office Accides                        |                                  | FL  |                                |                                     |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.                                |                                  | <b>6.</b> FEI Number  | <u> </u>                       | Applied For                         |  |
| City & State   | City & State  | City & State                                       |                                  | 65-0695057  | Not Applicable                 |                                     |  |
| A. A   |   |  | 7. Certificate of Status Desirod |   | \$8.75 Additional Fee Required |                                     |  |
| <b>Zip</b> Country   | Zip   | Zip Country  |                                  | 8. Make check payable to: Dept. of State (See reverse side for fee information) |                                |                                     |  |
|  |   |  |                                  | 156   | <del></del>                    |                                     |  |
| 9. Name and Address o  | of Current Registered Agent                             | Name   |                                  | 10. If changed, new Registere   | d Agent/Office                 |                                     |  |
| KAPLAN, HARRY  |   |  |                                  |   |                                |                                     |  |
| 2000 S.W. 56TH AVENUE  |   | Street Address (P.O. Box Number Is Not Acceptable) |                                  |   |                                |                                     |  |
| PLANTATION FL 33317  |   | Suite, Apt. #                                      | , etc.                           |   |                                |                                     |  |
|  |   | City   |                                  |   | FL                             | Zip Code                            |  |
| for the purpose of changing its registered agent. I am familiar with, and accept the discount of the second | THAT IS A CORPORATION, L                                | rida. Such chan                                    | ge was autho                     | vized by its general partner(s). I her  DATE  VERSHIP OR OTHE                   | eby accept the                 | appointment of registered           |  |
|  | <b>MUST BE REGISTERED AN</b>                            | D ACTIV  | E WIT                            | H THIS OFFICE.  |                                |                                     |  |
| 1. Name(s) of General Partner(s)   | 11a. Address of Each General (Do NOT Use Post Office Bo | ox Numbers)  | 11b.                             | City, State & Zip Gode  | 11c.                           | Registration/<br>Document Number    |  |
| KAPLAN, HARRY  | 2000 S.W. 58TH AVENUE                                   | 2000 S.W. 56TH AVENUE                              |                                  | PLANTATION FL 33317   |                                |                                     |  |
|  |   |  |                                  | 400002<br>-12/16<br>*****1  | 373<br>797-0<br>56.25          | 4342<br>1067006<br>****156.25       |  |
| Note: General partners MA  | Y NOT be changed on this forn                           | n; an ame  | ndmen                            | t must be filed to ch   | ange a g                       | eneral partner.                     |  |

Consortions 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620. Derida Statute

12-5-97

Typed or Printed Name of General Partner Signing Form

SIGNATURE .....

Daytime Telephone Number