

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 APR -7 AM 10:56



1. Name of Limited Partnership	1a. DOCUMENT # A96000000489
HARDWALL LIMITED PARTNERSHIP	

Mailing Address 36 EAST DR. WOODBURY NY 11797	Principal Office Address 36 EAST DR. WOODBURY NY 11797	3. Date Formed or Registered 03/12/1996	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 0
2. Mailing Address 4 MARILYN BLVD	2a. Principal Office Address 4 MARILYN BLVD	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 11-3312647	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Plainview NY	City & State Plainview NY	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 11803	Zip 11803	Country USA	Country USA
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
LAUER, MARK 380 S. MILITARY TRAIL DEERFIELD BEACH FL 33442	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PERLOFF, BONNIE	35 EAST DR. 4 MARILYN BLVD	WOODBURY NY 11797 Plainview NY 11803	A96000000489
			400002137854-8 -04/09/97-01071-002 ****158.25 ****158.25

Not: 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 Bonnie Perloff DATE 4/1/97
Typed or Printed Name of General Partner Signing Form Bonnie Perloff Daytime Telephone Number (516) 935-4856

CR2E003 (11/96)