

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 26 PM 1:33

11/3

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000728

The Hickman Family Limited Partnership

Mailing Address

Principal Office Address

3. Date Formed or Registered

4/4/96

5a. Capital Contributions as
Shown on record

5,000,000

3a. Date of Last Report

Florida

5b. Amount of Capital
Contributions in FLORIDA
to date

300,000

4. State or Country of Formation

6. FEI Number

☒ 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)

2. Mailing Address

435 E. 52nd Street

2a. Principal Office Address

135 Chilean Avenue

Suite, Apt. #, etc.

Apt. 5A

City & State
New York, NY

Zip Country
10022 USA

Suite, Apt. #, etc.

City & State
Palm Beach, FL

Zip Country
33480

9. Name and Address of Current Registered Agent

Michael L. Duffy
c/o Alley, Maass, Rogers & Lindsay
321 Royal Poinciana Plaza, South
Palm Beach, Florida 33480

10. If changed, new Registered Agent/Office

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

Cassat Enterprises, Inc.

135 Chilean Avenue

Palm Beach, FL

P96000037051

400002048304--

-01/07/97--01099--005

***576.25 ***576.25

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.

**PLEASE SIGN
& DATE**

SIGNATURE

Minnie C. Hickman
PRESIDENT

DATE

12/24/96

TV CR2003 (6/96)