

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 MAR 14 PM 3:23



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000768

RASKIN FAMILY LIMITED PARTNERSHIP

Mailing Address
9400 OLD CUTLER LANE
CORLA GABLES FL 33156
ERRONEOUS

Principal Office Address
4349 TREVI COURT
LAKE WORTH FL 33467

3. Date Formed or Registered
04/23/1986

5a. Capital Contributions as
Shown on record.
\$3,200,000.00

3a. Date of Last Report
N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$3,200,000.00

2. Mailing Address

2a. Principal Office Address

4349 Trevi Ct.
Lake Worth
City & State
FL 33467 USA
Zip Country

4349 TREVI CT.
LAKE WORTH
City & State
FL 33467 USA
Zip Country

4. State or Country of Formation
FL

6. FEI Number
65-0659627
☐ 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)

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH FL 33401

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

RASKIN FAMILY INVESTMENTS, I

4349 TREVI COURT

LAKE WORTH FL 33467

P95000094589

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-03/17/97--01006--003
***\$50.00 ***\$50.00

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.

Raskin Family Investments, Inc.

SIGNATURE By:

Gladys F. Raskin, President

DATE

3/12/97

Typed or Printed Name of General Partner Signing Form

Gladys F. Raskin, President

Daytime Telephone Number

(861) 439-0339