

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000864

N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP
, LTD.

\$976.25-FF



Mailing Address

1190 SOUTH ALHAMBRA CIRCLE
CORAL GABLES FL 33146

Principal Office Address

1190 SOUTH ALHAMBRA CIRCLE
CORAL GABLES FL 33146

CM

3. Date Formed or Registered

05/07/1996

5a. Capital Contributions as
Shown on record

\$0.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

\$110,000.00

4. State or Country of Formation

FL

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)

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
C/O HOLLAND & KNIGHT
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

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)

EHRENKRANZ, N. JOEL
EHRENKRANZ, ELAINE

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1190 SOUTH ALHAMBRA C
1190 SOUTH ALHAMBRA C

11b. City, State & Zip Code

CORAL GABLES FL 33146
CORAL GABLES FL 33146

11c. Registration/
Document Number

000001988890--8
-10/29/96--01104--001
****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.

SIGNATURE

N. Joel Ehrenkranz

Typed or Printed Name of General Partner Signing Form N. Joel Ehrenkranz

DATE

10/19/96

Daytime Telephone Number

305-662-8934

CR2E003 (6/96)