

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 16 PM 2:29

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000953

MILDRED LORENZ FAMILY PARTNERSHIP, LTD.

FEI # 65-0712057

Mailing Address

114 WEST VILLAGE WAY  
JUPITER FL 33458

Principal Office Address

114 WEST VILLAGE WAY  
JUPITER FL 33458

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

05/23/1996

3a. Date of Last Report

11/27/1996

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record

\$6,700,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$6,700,000.00

6. FEI Number

APPLIED FOR

☐ 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

KURTZ, MARTIN J CPA  
441 N.E. 4TH AVE.  
FT. LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

300002502593--0

Suite, Apt. #, etc.

-04726798--01053--003

City

\*\*\*\*\*526.25

\*\*\*\*\*526.25

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)

GOWA, LOUISE J

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

43 ROSITA LANE  
114 WEST VILLAGE  
WAY

11b. City, State & Zip Code

PORT JEFFERSON NY 117  
JUPITER, FL 33458

11c. Registration/  
Document Number

OK  
4.22

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

*Louise Gowa*

Ident # 65-0712057

DATE

4/1/98

Typed or Printed Name of General Partner Signing Form

Louise Gowa

Daytime Telephone Number

561 7483600

CR2E003 (6/97)