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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



THE BROUGHTON FAMILY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600001308**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 4/15

0004527

97 JAN 10 PM 2: 46

Mailing Address 1510 N.E. 162ND STREET NORTH MIAMI BEACH FL 33162	Principal Office Address 1510 N.E. 162ND STREET		3. Date Formed or Registered 07/11/1996	5a. Capital Contributions as Shown on record \$10,000.00	
NOTITE WINNE DENOTE E. SOICE	NORTH MIAMI BEACH FL 33162		3a. Date of Last Report		
				5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
			FL	10,000.00	
Suite. Apt. #, etc	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-6669795	Not Applicable	
Z ₁ p Country	Zip	Country	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 Cu	Prent Registered Agent	Υ	10. If changed, new Registered	1 Agent/Office	
BROUGHTON, EARL		Name			
1510 N.E. 162ND STREET		Street Address (P.O. Box Number is Not Acceptable)			
NORTH MIAMI BEACH FL 33162		Suite, Apt. #, etc	12/1/18/4		
		City Zip Code			
		e-named fimited partnership organized or registered under the laws of the State of Florida, submits this stateme			
A GENERAL PARTNER TH	AT IS A CORPORATION, L UST BE REGISTERED AND	IMITED PA	ARTNERSHIP OR OTHE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOY Use Post Office Bo	Partner x Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
BROUGHTON, EARL	1510 N.E. 162ND STREE		NORTH MIAMI BEACH FL	A96000001308	
1					
1		i			
				3642029	
				/9/U1U61UU6 17.50 ****217.50	
		·			
Note: General partners MAY N	IOT be changed on this form	; an ameng	ment must be filed to cha	inge a general partner.	
 I do hereby certify that the information supplied Corporations from any liability of non-compliand this annual report is true and addinate and that empowered to execute the report as required. 	e with rection 13.07(3)(b) in the event that the infi signature shall have the same legal effects as i	ormation supplied i	s deemed exempt from public access. I furthe	er certify that the information indicated on	
SIGNATURE (M)	E/ Drugh		DATE	12/34/96	
Typed or Printed Name of General Partner Signing Form	/ EARL/K.E.	Bears 4	Tay Daytime Telephone Number	W) 066-9600	