FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNŮAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

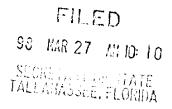
Secretary of State **DIVISION OF CORPORATIONS**

Partnership

DANPAT 1

DOCUMENT # A96000001320

THE DANPATI LIMITED PARTNERSHIP





| Mailing Address | Principal Office Address 4855 VELASQUEZ PENSACOLA FL 32504 | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. \$150,000.00 | |
|---|--|--|---|--|--|
| 4655 VELASOUEZ PENSACOLA FL \$2504 | | | 07/12/1996 38. Date of Last Report 09/17/1996 | | |
| | 100 | ···· | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 2. Malling Address | 28. Principal Office Address | Za. Principal Office Address | | | |
| Suite, Apt. #, etc. | Sulte, Apt. #, etc. | | | 0/408 Applied For Not Applicable | |
| City & State | City & State | City & State | | \$8.75 Additional | |
| Žip Country | Z ір | Zip Country | | Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 9. Name and Address of | 10. If changed, new Registered Agent/Office | | | | |
| KAHN, HARRY D JR. 4855 VELASQUEZ PENSACOLÁ FL 32504 | | Name Street Address (P.O. Box Number Is Not Acceptable) 4/07/9801047001 Suite Ant # etc. *****526.25 *****526.25 | | | |
| PERIONOLIA PE 02004 | | Suite, Apt. # | , etc. | | |
| : | | City | | FL Zip Code | |
| SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI | | LIMITED | PARTNERSHIP OR OTH | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gen (Do NOT Use Post Office | | 11b. City, State & Zip Code | 11c. Registration/ Document Number | |
| KAHN, HARRY D JR. | 4855 VELASQUEZ | | PENSACOLA FL 32504 | | |
| KAHN, PATRICIA B | 4855 VELASQUEZ | | PENSACOLA FL 32504 | | |
| · Age | | ì | | | |
| P. | | | | | |
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| Note: General partners MAY | NOT be changed on this for | rm: an ame | | nange a general partner. | |
| 12. I do hereby certify that the information supplie Corporations from any liability of non-compliar | d with this filing is voluntarily furnished and does noe with Section 119.07(3)(k) in the event that the n ryy alignature shall have the same legal effects: | not qualify for the information suppl | exemption stated in Section 119.07(3)(k), Florid ied is deemed exempt from public access. I fur eath, I further certify that I am a General Partner | da Statutes. I release the Division of their certify that the Information indicated on of the limited partnership, receiver or trustee | |
| SIGNATURE | aling | | DATE | 3/24/98 350-432-7989 | |
| Typed or Printed Name of General Partner Signing Fo | m M.D. KAHN, | JR | Davtime Telephone Number | 350-432-7989 | |