

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
97 APR 11 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A96000001354

ASTOR FAMILY PARTNERSHIP, LTD.

97-AR  
um

Mailing Address

Principal Office Address

2780 SOUTH OCEAN BLVD., APT. 808  
PALM BEACH FL 33480  
50 Leach Hollow  
Sherman, CT 06784

2780 SOUTH OCEAN BLVD., APT. 808  
PALM BEACH FL 33480

3. Date Formed or Registered

07/19/1996

5a. Capital Contributions as  
Shown on record

\$5,000,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$5,000,000.

4. State or Country of Formation

FL

6. FEI Number

65-0682775

☐ 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

10. If changed, new Registered Agent/Office

MURPHY, EUGENE W  
340 ROYAL PALM WAY, SUITE 100  
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number) 808002146708-1

Suite, Apt. #, etc.

-04/17/97--01094--003  
\*\*\*\*541.25 \*\*\*\*541.25

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

CYTADEL INVESTMENTS INC.

2780 SOUTH OCEAN BLVD

PALM BEACH FL 33480

P98000057456

•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

Nancy Astor - White

DATE

8 April 97

Typed or Printed Name of General Partner Signing Form

NANCY ASTOR-WHITE

Daytime Telephone Number

860-355-3618

CR2E003 (11/96)