

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT -2 PM 12:16

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001590

LILLIE ROSEN FAMILY LIMITED PARTNERSHIP



Mailing Address

5301 FLAMINGO PLACE
COCONUT CREEK FL 33073

Principal Office Address

5301 FLAMINGO PLACE
COCONUT CREEK FL 33073

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

08/19/1996

3a. Date of Last Report

11/04/1997

4. State or Country of Formation

FL

6. FEI Number

65-0689082

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record.

\$2,429,072.00

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

400002657924-91

10/07/98-01075-004

*****88.75 Applied For
Not Applicable

\$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

400002657924-91

10/07/98-01075-004

*****437.50 FL *****437.50

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)

FIELD, ILENE TRUSTEE
SILVER, HERBERT J

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

110 CARRIAGE WAY
5301 FLAMINGO PLACE

11b. City, State & Zip Code

WILMETTE IL 60091
COCONUT CREEK FL 3307

11c. Registration/
Document Number

OR
10-5

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

Ilene Field, Gen'l Partner

DATE

Sept 8, 1997

Typed or Printed Name of General Partner Signing Form

ILENE FIELD

Daytime Telephone Number

847-258-4850

CR2E003 (8/98)