

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**97 JAN 27 PM 1:34**

<b>1. Name of Limited Partnership</b> Leto Brothers Family Partnership, Ltd.		<b>1a. DOCUMENT #</b> A 96000001595	
<b>Mailing Address</b> 5121 Jackson Street Hollywood, FL 33021-7233		<b>Principal Office Address</b> 5121 Jackson Street Hollywood, FL 33021-7233	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Formed or Registered</b> August 27, 1996		<b>5a. Capital Contributions as Shown on record</b> 1,000,000	
<b>3a. Date of Last Report</b> August 28, 1996		<b>5b. Amount of Capital Contributions in FLORIDA to date.</b> 1,000,000	
<b>4. State or Country of Formation</b> Florida		<b>6. FEI Number</b> 65-0694347	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b> \$ 576.25	

<b>9. Name and Address of Current Registered Agent</b> Gene K. Glasser c/o Abrams, Anton, Robbins, etal 2021 Tyler Street Hollywood, FL 33022		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not to be Placed) Suite, Apt. #, etc. City Zip Code	
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**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.**

<b>11. Name(s) of General Partner(s)</b> John A. Leto, Sr. Peter J. Leto, Sr.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 5121 Jackson Street 221 Nurmi Drive	<b>11b. City, State &amp; Zip Code</b> Hollywood, FL 33021 Ft. Lauderdale, FL 33301	<b>11c. Registration/Document Number</b>  <b>KWM</b>
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**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 John A. Leto Sr DATE 1/22/97  
Typed or Printed Name of General Partner Signing Form JOHN A. LETO SR. Daytime Telephone Number 954-989-9520

CR2E003 (6/96)