

**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

99 JAN -5 AM 9:14

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001595**

LETO BROTHERS FAMILY PARTNERSHIP, LTD. *JA-AR CM*



Mailing Address

5121 JACKSON STREET  
HOLLYWOOD FL 33021-7233

Principal Office Address

5121 JACKSON STREET  
HOLLYWOOD FL 33021-7233

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

08/27/1996

3a. Date of Last Report

12/16/1997

4. State or Country of Formation

FL

6. FCI Number

65-0694347

7. Certificate of Status Desired

Applied For  
 Not Applicable

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

5a. Capital Contributions as Shown on record

\$1,000,000.00

5b. Amount of Capital Contributions in FL OCFDA to date

\$1,000,000.00

\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

GLASSER, GENE K  
% ABRAMS, ANTON, ROBBINS, RESNICK ET AL  
2021 TYLER ST.  
HOLLYWOOD FL 33022

Name

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

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

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)

LETO, JOHN A SR.  
LETO, PETER J SR.

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

5121 JACKSON STREET  
221 NURMI DRIVE

11b. City, State & Zip Code

HOLLYWOOD FL 33021  
FT. LAUDERDALE FL 333

11c. Registration Document Number

7000002702137-7  
-02/02/99-01072-019  
\*\*\*526.25 \*\*\*526.25

**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.*  
JOHN A. LETO SR

Typed or Printed Name of General Partner Signing Form

DATE

12/21/98

Daytime Telephone Number

954-989-4520

CR2E003 (8/98)