

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

LIMITED PARTNERSHIP
ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

96 OCT 30 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4000001597194-001
-11/06/95-01019-001
***191.25 ***191.25
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #

RAPPOPORT FAMILY LIMITED PARTNERSHIP
~~BRUCE~~

A96000001609

Mailing Address

Principal Office Address

BRUCE RAPPOPORT
3375 DOCKSIDE DR
COOPER CITY, FL 33026

an-AR
CM

State Apt # etc

City State & Zip

2a. New Principal Office Address, If Applicable

State Apt # etc

City State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA

3a. Date of Last Report

4. State or Country of Formation

8/30/96

FLORIDA

5a. Capital Contributions as Shown
on Record

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

Applied For

7. CERTIFICATE OF STATUS REQUIRED ☐

200-

200-

65-0690647

Not Applicable

\$4.75 Additional Fee required
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50

2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

BRUCE M. RAPPOPORT
3375 DOCKSIDE DRIVE
COOPER CITY, FL 33026

Name

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

State Apt #, etc

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

Bruce Rappoport

10/28/96

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

GERALD J. RAPPOPORT
BEULAH RAPPOPORT

1 Peconic Hills Ct.
1 Peconic Hills Ct.

Southampton, NY 11968
Southampton, NY 11968

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

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

Beulah Rappoport
BEULAH RAPPOPORT

10/28/96

CR2E003 (6/95)