

**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 DEC 28 AM 10:40

1. Name of Limited Partnership		1a. DOCUMENT # <b>A96000001839</b>	
LEIBOWITZ INVESTMENTS LIMITED PARTNERSHIP			
Mailing Address		Principal Office Address	
1000 LONGBOAT CLUB DRIVE, APT. 404S LONGBOAT KEY FL 34228		1000 LONGBOAT CLUB DRIVE, APT. 404S LONGBOAT KEY FL 34228	
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		5a. Capital Contributions as Shown on record.	
10/03/1996		\$5,000,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
12/26/1997			
4. State or Country of Formation		FL	
6. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3480077			
7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			



01/12

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, 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 \_\_\_\_\_

**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
LEIBOWITZ, IRWIN M TRUSTEE	1000 LONGBOAT CLUB DR	LONGBOAT KEY FL 34228	

800002740288-4  
-01/13/99-01076-014  
\*\*\*\*\*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(1)(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 Irwin M. Leibowitz Trustee DATE 12-10-98  
Typed or Printed Name of General Partner Signing Form IRWIN M LEIBOWITZ TRUSTEE Telephone Number 941 3830099

CR2E003 (8/98)