

**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

96 DEC 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

1. Name of Limited Partnership
EBBA LIMITED PARTNERSHIP

1a. DOCUMENT #
A96000002159

Mailing Address
**950 Reed Rd
Vero Beach FL 32963**

Principal Office Address
**950 Reed Rd.
Vero Beach FL 32963**

3. Date Formed or Registered
11/25/96

5a. Capital Contributions as
Shown on record
\$2.4 M

3a. Date of Last Report
n/a

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

4. State or Country of Formation
Sarasota

2. Mailing Address

2a. Principal Office Address

6. FEI Number
Applied for ☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

7. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

Zip Country

Zip Country

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**William J. Stewart, Esq.
3355 Ocean Dr.
Vero Beach FL 32964-3345**

Name

Street Address (P.O. Box Number is **000002045460--9**)

Suite, Apt. #, etc.

01/03/97--01137--019
******\$76.25 ****\$76.25**

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

**Lorne R. Waxlax, Trustee,
LORNE R. WAXLAX MANAGEMENT
TRUST**

**950 Reef Rd
REEF**

**Vero Beach FL
32963**

A96000002159

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 the report as required by chapter 620, Florida Statutes.

SIGNATURE

Handwritten signature of Lorne R. Waxlax

DATE

20 DECEMBER 1996

Type or Printed Name of General Partner Signing Form

LORNE R. WAXLAX

Daytime Telephone Number

561 234 8018

CR2E003 (6/96)