

**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 -9 AM 8:53**

1. Name of Limited Partnership ILICAK FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A9600000 2281	
Mailing Address S. ILICAK SARAY ARKASI SOK DENIZ APT. NO 51 AYAZPASA-TAKSIM ISTABUL - TURKEY		Principal Office Address THE ADDISON 1400 S. OCEAN BLVD BOCA RATON, FL 33432 APT N 1003	
2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered Dec. 5, 1996	5a. Capital Contributions as Shown on record. \$1000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: NONE
City & State	City & State	4. State or Country of Formation FLORIDA	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	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)

9. Name and Address of Current Registered Agent BEVERLY SANDERS 360 S. Military TRAIL DEERFIELD BEACH, FL 33442		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code FL

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) *Beverly Sanders*

DATE **12/20/96**

**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) SERHAT ILICAK	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 360 S. Military TRAIL, Deerfield Beach	11b. City, State & Zip Code Deerfield Beach	11c. Registration/Document Number A9600000 2281
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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

Serhat Ilıcak

DATE

Dec. 18, 1996

Typed or Printed Name of General Partner Signing Form

SERHAT ILICAK

Daytime Telephone Number

718-533-8284

CR2E003 (6/96)