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

FILED
97 MAR 12 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800002113838--5
-03/14/97--01068--008
****156.25 ****156.25

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership: FREED FAMILY LIMITED PARTNERSHIP

1a. DOCUMENT # A96000002310

Mailing Address	Principal Office Address
21332 Bellachasse Ct. Boca Raton, FL 33433	21332 Bellachasse Ct. Boca Raton, FL 33433

3. Date Formed or Registered: 12/13/96

3a. Date of Last Report: N/A

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on record: $7,500

5b. Amount of Capital Contributions in FLORIDA to date: $7,500

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number: 65-6223546 ☒ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $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	10. If changed, new Registered Agent/Office
HRAWG CORP. 2000 Glades Road, Suite 400 Boca Raton, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City / FL / Zip Code

10a. Pursuant to the provisions of sections 620.1061 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
Renee Freed	21332 Bellachasse Ct.	Boca Raton, FL 33433	N/A
Sherwood E. Freed	52 Four Seasons West	Eggertsville, NY. 14226	N/A

dcc 150.25 (new fee)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. To 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 X Sherwood E. Freed DATE 12/30/96

Sherwood E. Freed
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____