

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE #2022-1

576.25

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

A96000002321

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 13 AM 8:28

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MK 12/14/96

1. Name of Limited Partnership		1a. DOCUMENT #		3. Date Formed or Registered		5a. Capital Contributions as Shown on receipt	
FELDBAUM FAMILY PARTNERSHIP, LTD.				12/15/96		\$585,000.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
239 Robin Drive Sarasota FL 34236		239 Robin Drive Sarasota FL 34236				\$585,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation		6. FEI Number	
				Florida		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired		<input type="checkbox"/> \$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	
Maurice Feldbaum 239 Robin Drive Sarasota FL 34236		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 600002033086--0 City -12/18/96--01115--002 ***241275 Zip 941576.25	

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
FELDBAUM, Maurice	239 Robin Drive	Sarasota FL 34236	n/a
FELDBAUM, Geraldine	239 Robin Drive	Sarasota FL 34236	n/a

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 Maurice Feldbaum DATE 12/9/96
 Typed or Printed Name of General Partner Signing Form Maurice Feldbaum Daytime Telephone Number 941/366-2566
general partner

CR2E003 (6/96)