

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

FILED

APR 14 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997
FLORIDA DEPARTMENT OF STATE
Division of Corporations

1. Name of Limited Partnership
Lomangino Limited Partnership

1a. DOCUMENT #
A96000002464

97-AR
CM

Mailing Address
**c/o Steven B. Dolchin, Esq.
4330 Sheridan Street #202B
Hollywood, FL 33021**

Principal Office Address
**2651 South Course Drive
Apt. 201
Pompano Beach, FL 33069**

2. Mailing Address
Suite Apt. #, etc.
City & State
Zip Country

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

3. Date Formed or Registered
12/26/96

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on record
\$1,300,000.00

5b. Amount of Capital Contributions in FLORIDA to date:
\$800,000.00

6. FEI Number
65-0718309
☐ 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
**Steven B. Dolchin, Esquire
4330 Sheridan Street, Suite 202B
Hollywood, Florida 33021**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
100002146731--0
Suite, Apt. #, etc.
-04/17/97--01034--008
City
*******541.25 *****541.25**
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) _____ 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
Elaine S. Lomangino	2651 South Course Drive Apt. 201	Pompano Beach, FL 33069	A96000002464

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 Elaine S. Lomangino DATE **April 8, 1997**

Typed or Printed Name of General Partner Signing Form ELAINE S. LOMANGINO Daytime Telephone Number _____

CR2E003 (5/96)