

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**97 DEC 29 AM 11:18**

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000002507

The Herbert and Miriam Lazar Family Partnership, Ltd.

Mailing Address

Principal Office Address

5805 S. Bayberry Lane  
Tamarac, FL 33319

same

3. Date Formed or Registered

Dec. 27, 1996

5a. Capital Contributions as Shown on record

900,000

3a. Date of Last Report

Jan. 7, 1997

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

900,000

4. State or Country of Formation

Florida

2. Mailing Address

same

2a. Principal Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0720379

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

Elliot P. Borkson, Esq.  
Atlas, Pearlman, Trop & Borkson, P.A.  
200 E. Las Olas Blvd., Suite 1900  
Fort Lauderdale, FL 33301

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1054 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

Herbert Lazar

5805 S. Bayberry Lane

Tamarac, FL 33319

A96000002507

Miriam Lazar

5805 S. Bayberry Lane

Tamarac, FL 33319

A96000002507

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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

*Herbert Lazar*

DATE

12/24/97

Typed or Printed Name of General Partner Signing Form

HERBERT LAZAR

Daytime Telephone Number

954-484-0133

CR2E003 (6/97)