

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

A97000000070
1997



FLORIDA DEPARTMENT OF REVENUE
Sandra Mathias
Secretary of State
DIVISION OF CORPORATIONS

70

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB 17 AM 9:22

1. Name of Limited Partnership Willensky-Friedman Family Limited Partnership		1a. DOCUMENT # A97000000070	
Mailing Address Willensky-Friedman Family Limited Partnership c/o Mildred Willensky-Friedman 5500 NW 69th Ave., Forest Trace #363S. Lauderhill, FL 33319		Principal Office Address Same	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3. Date Formed or Registered 12/6/96	
City & State	City & State	3a. Date of Last Report n/a	
Zip	Country	4. State or Country of Formation Florida, USA	
		5a. Capital Contributions as Shown on record 900,000.00 899,632.97	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		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 Mildred Willensky-Friedman 5500 NW 69th Ave., Forest Trace, #363 South Lauderhill, FL 33319		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) Mildred Willensky-Friedman Trust U/A/D 8/27/87 Amended and Restated 12/6/96	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5500 NW 69th Ave. Forest Trace, #363 S.	11b. City, State & Zip Code Lauderhill, FL 33319	11c. Registration/ Document Number G97008900030 000002097180--0 -02/25/97--01118--004 ****541.25 ****541.25
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dec 541.25 (new fees)

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 *Mildred Willensky-Friedman Trust By Mark W. Willensky, Trustee 12/31/96*
Typed or Printed Name of General Partner Signing Form **Mildred Willensky-Friedman Trust** Daytime Telephone Number **954-748-0454**
By: Mark W. Willensky, Trustee

CR2E003 (6/96)