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

1. Name of Limited Partnership

1a. DOCUMENT # **A9700000145**

| | 100 | | I . | 200 200 3 | 1 | | |
|---------------|-----------|---|------------|-----------------|-----------------------|---|--------|
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| SEC. TALLA | € L HA | Ś | ς γ SE: | (.) E.F. | 5 (7 l. 0 / | | i A |

| HER FAMILY LIM | ITED PARTNI | | | | | *** ***** **** **** **** | | | |
|--|--|--|--|---|---|--|--|--|--|
| HER FAMILY LIMITED PARTNERSHIP | | | | | | | | | |
| | | | | | | JL 12/17 | | | |
| Malling Address | | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record | | | | |
| 1523 EDGER PLACE BARASOTA FL 34240 | | 1523 EDGER PLACE SARASOTA FL 34240 | <u>-</u> | 01/13/1997 3a. Date of Lest Report | \$1,097,600.00 | | | | |
| | | | | - | | 5b. Amount of Capital Contributions in FLORIDA to date: | | | |
| 2. Malling Address | | 2a. Principal Office Address | | | 4. State or Country of Formation | io date. | | | |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | | 6. FEI Number 6 1729017 | Applied For | | | |
| City & State | | City & State | City & State | | | Not Applicable | | | |
| Zip Country | | 7ip Country | | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| | | .] | | | O. Make check payable to: Dept. of 8 | State (See reverse side for fee information) | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. If changed, now Registered Agent/Office | | | | | |
| ROSENTHAL, EDWARD | | | Name | | | | | | |
| 1523 EDGER PLACE | | | Street Address (P.O. Box Number Is Not Acceptable) | | | | | | |
| SARASOTA FL 34240 | | | Suite, Apt. #, etc. | | | | | | |
| | | | City FL Zip Code | | | | | | |
| for the purpose of changin agent. I am familiar with, a SIGNATURE (Registered Agent Ac | ig its registered office or re ind accept the obligations septing Appointment) | 620.192, Florida Statutes, the atlove-nan agistered agent, or bolli, in the State of F of section 620.192, Florida Statutes. | lorida. Such char | PART | OATE _ NERSHIP OR OTHER | by accept the appointment of registered | | | |
| 11. Name(s) of General Par | | BE REGISTERED AN | and Davidson | 11b. | City, State & Zip Code | 11c. Registration/ | | | |
| The Manager of Contract 1 at | | 11a. (Do NOT Use Post Office I | Box Numbers) | 110. | Oily, State & Pip Code | Document Number | | | |
| EBR LAND CO. | | 1523 EDGER PLACE | | SARASOTA FL 34240 | | P94000057402 | | | |
| • i | | | ; | | 8000025 -12/26/ ****54 | 303658 0 9701090013 1.25 ****541.25 | | | |

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

12. Ido hereby certify that the information supplied with this filing is voluntarity 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 the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620 Torida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

BETY ROSCNITAL

DATE /2/12/9 + Daylime Telephone Number 94/-377-86/10 2R2E003 (6/97)