

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 30 PM 1:27

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000369

LUSTGARTEN FINANCIAL LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

~~12 LIGHTHOUSE STREET, #1-~~
MARINA DEL REY CA 90292

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~~MARINA DEL REY CA 90292~~

3. Date Formed or Registered

02/10/1997

5a. Capital Contributions as Shown on record

\$1,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

\$ 1,000.00

4. State or Country of Formation

FL

6. FEI Number

65-0737696

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)

2. Mailing Address

825 EGRET CIRCLE
Suite, Apt. #, etc.
508A

2a. Principal Office Address

825 EGRET CIRCLE
Suite, Apt. #, etc.
508A

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

Zip

33444

Country

USA

9. Name and Address of Current Registered Agent

SANDERS, BEVERLY
360 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105-1 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)

LUSTGARTEN, KAREN

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

12 LIGHTHOUSE STREET,
825 EGRET CIRCLE
508A

11b. City, State & Zip Code

MARINA DEL REY CA 902
DELRAY BEACH, FL
33444

11c. Registration/Document Number

200002399432--8

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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

Karen Lustgarten

DATE

12/27/97

Typed or Printed Name of General Partner Signing Form

KAREN LUSTGARTEN

Daytime Telephone Number

561/266-9084

CR2E003 (6/97)