

**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

~~12 LIGHTHOUSE STREET, #1-~~  
~~MARINA DEL REY CA 90282~~

Principal Office Address

~~12 LIGHTHOUSE STREET, #1~~  
~~MARINA DEL REY CA 90282~~

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**

City & State  
**DELRAY BEACH, FL**

Zip Country  
**33444 USA**

2a. Principal Office Address

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

City & State  
**DELRAY BEACH, FL**

Zip Country  
**33444 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**  
**-01/14/98--01031--006**  
**\*\*\*\*156.25 \*\*\*\*156.25**

**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**

0925003 (6/97)