

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 24 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000000369
LUSTGARTEN FINANCIAL LIMITED PARTNERSHIP	

Mailing Address 825 EGBET CIRCLE #500A DELRAY BEACH FL 33444	Principal Office Address 825 EGBET CIRCLE #508A DELRAY BEACH FL 33444	3. Date Formed or Registered 02/10/1997	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report 12/30/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000
		4. State or Country of Formation FL	
2. Mailing Address 1850 HOMEWOOD BLVD Suite, Apt. #, etc. #408	2a. Principal Office Address 1850 HOMEWOOD BLVD. Suite, Apt. #, etc. 408	6. FEI Number 65-0737696 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33445 Country USA	Zip 33445 Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

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
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LUSTGARTEN, KAREN	825 EGBET CIRCLE #50 1850 HOMEWOOD BLVD. #408	DELRAY BEACH FL 33444 ⁵	100002740851--6 -01/14/99--01008--005 ****141.25 ****141.25

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 12/20/98
Typed or Printed Name of General Partner Signing Form KAREN LUSTGARTEN Daytime Telephone Number 561/266-9084

CR2E003 (6/98)