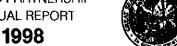
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A97000001428

## **DOCUMENT#**

## ITHE HOWARD AND MARILYN WIENER FAMILY LIMITED PAR 3. Date Formed or Registered 5a. Capital Contributions Shown on record. Mailing Address Principal Office Address 06/27/1997 8280 HUGH ALLISON PLACE 8280 HUGH ALLISON PLACE \$588,000.00 3a. Date of Last Report SARASOTA FL 34249 SARASOTA FL 34249 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2a. Principal Office Address 2. Mailing Address 588,000.00 Suite, Apt. #, etc. 6. FE! Number Applied For Not Applicable City & State \$8.75 Additional Fee Required Country 8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
	Name		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. Box Number   44   64   64   64   64   64   64   6		
	City Zip Code		

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 registored 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 accopt the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) .

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97 DEC 19 PM 2: 12

. GECHETARY OF STATE TALLAHASSEE, FLORIDA

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Namo(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
WIENER, HOWARD E	8280 HUGH ALLISON PLA	SARASOTA FL 3424		
WIENER, MARILYN F	8280 HUGH ALLISON PLA	SARASOTA FL 3424 <b>9</b>		

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 trusted empowered to execute this report as required by chapter 6290 loridy Statutes.

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form

HOWARD E. WIENER

Daylime Telephone Number 944 - 319 - P280