

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -4 PH 3:40



1. Name of Limited Partnership KODNER LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001440	
Mailing Address 24 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33460		Principal Office Address 24 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33460	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Formed or Registered 06/26/1997 3a. Date of Last Report 04/08/1998 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$18,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number 65-0762791 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KODNER, BRUCE 24 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33460	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 620.1051 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) KODNER, BRUCE TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10708 EL PARAISO PLAC	11b. City, State & Zip Code DELRAY BEACH FL 33446	11c. Registration/Document Number 100002770671-1 -02/08/99-01126-014 ***214.75 ***214.75 32-499
---	---	---	---

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

B. Kodner

DATE **12/16/98**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)