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**

1. Name of Limited Partnership

DOCUMENT# 1a.

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 21 AM II: 33

| | A9700000 | A9700001461 | | | |
|--|--|---|---|---|--|
| GELLERMAN FAMILY LTD. | | | | | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 58. Capital Contributions as Shown on record. | |
| 12831 CORAL LAKES DRIVE | 12831 CORAL LAKES DRIVE | 12831 CORAL LAKES DRIVE BOYNTON BEACH FL 33437 | | \$820,000.00 5b. Amount of Capital Contributions in FLORIDA | |
| BOYNTON BEACH FL 33437 | BOYNTON BEACH FL 33437 | | | | |
| | | | | | |
| 2. Malling Address | 2a. Principal Office Address | 2a. Principal Office Address | | to date: | |
| Suite, Apt. #, etc. | Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | Applied For | |
| City & State | City & State | | 65-0776999 | Not Applicable | |
| | | 7 | | 7. Certificate of Status Desired \$8.75 Additional Fee Required | |
| Zip Country | Zip | Country | 8. Make check payable to: Dept. of State (See reverse side for fee Information) | | |
| A None addition at 0 | | | 10 Katanada Badata | A | |
| 9. Name and Address of Current Registered Agent | | Name | 10. If changed, new Registered Agent/Office | | |
| ALTER, MITCHELL | | Street Address | (P.O. Box Number In Not Acceptable) | | |
| 535 COCONUT CIRCLE | | Suite, Apt. #, et | 31 CORAL LAKE | ORNE | |
| WESTON FL 33326 | | | | | |
| | | CHY | HON BEACH | FL 354/37 | |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obligi | 10 . 11.0 | orida. Such change w | as authorized by its general partner(s). I hereb | | |
| A GENERAL PARTNER TH | | LIMITED P ND ACTIVE | ARTNERSHIP OR OTHE | R BUSINESS ENTITY | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gene (Do NOT Use Post Office | eral Partner 4 | 1b. City, State & Zip Code | 11c. Registration/ Document Number | |
| GELLERMAN, PEARL | 12831 CORAL LAKES [| | BOYNTON BEACH FL 3343 7 | | |
| | | | 7000021 -09/23 ****1 | 547.25 798-01078-008 41.25 ************************************ | |
| 1 | | | · · · · · · · · · · · · · · · · · · · | | |
| Note: General partners MAY N | OT be changed on this for | m; an amen | dment must be filed to cha | ange a g eneral partner. | |

12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Floride Statutes. I release the Division of

SIGNATURE Y

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number,