

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

98 JUN 24 AM 8:47

1. Name of Limited Partnership

1a. DOCUMENT #

A97000002026

The DARWISH FAMILY LIMITED PARTNERSHIP

500002578135--7

-07/01/98--01101--001

\*\*\*\*158.75 \*\*\*\*158.75

Mailing Address

Principal Office Address

DARWISH FAMILY L.P.  
1950 SOUTH OCEAN DR  
HALLANDALE FL-33009

SAME

3. Date Formed or Registered

09/19/1997

5a. Capital Contributions as  
Shown on record.

\$10,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

4. State or Country of Formation

FL

6. FEI Number

☒ 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)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

DARWISH AKRAM S,  
DARWISH FAMILY L.P.  
1950 SOUTH OCEAN DR APT 14K  
HALLANDALE FL 33009

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

DARWISH AKRAM S.

1950 South Ocean  
DR  
APT 14K

HALLANDALE FL

6-24

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

DATE

4/4/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

April 16, 1998

THE DARWISH FAMILY LIMITED PARTNERSHIP  
A. PARWISH  
1950 SOUTH OCEAN DRIVE 14K  
HALLANDALE, FL 33009

SUBJECT: THE DARWISH FAMILY LIMITED PARTNERSHIP  
Ref Number: A97000002026

We have received your document for THE DARWISH FAMILY LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$158.75.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.

Tammi Cline  
Document Specialist  
Division of Corporations

*Dear Tammi Cline  
please find the second check for  
the Darwish family LP. please remit  
the company in good standing if you  
have any question please call  
me at (214) 689-1512*



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

June 8, 1998

**THE DARWISH FAMILY LIMITED PARTNERSHIP**  
**A. DARWISH**  
**1950 SOUTH OCEAN DRIVE 14K**  
**HALLANDALE, FL 33009**

**SUBJECT: THE DARWISH FAMILY LIMITED PARTNERSHIP**  
**Ref. Number: A97000002026**

Upon receipt of your letter and/or check(s) totaling \$158.75, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The 1998 annual report is needed to make this filing complete.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

**Tammi Cline**  
Document Specialist

Letter Number: 698A00032056