

**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  
97 DEC 30 AM 8:28

1. Name of Limited Partnership

1a. DOCUMENT #  
A97 00000 2474

Leibowitz Properties, Ltd.

Mailing Address

Principal Office Address

6202 Royal Poinciana Lane  
Tamarac, Florida 33319

3. Date Formed or Registered  
11/14/97

5a. Capital Contributions as Shown on record

\$655,000

3a. Date of Last Report  
None

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

\$655,000

4. State or Country of Formation  
Florida

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

A Z Registered Agent Corporation  
2601 S. Bayshore Drive  
Suite 1600  
Miami, FL 33133

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 620.1061 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

Leibowitz Management Co., Inc.

6202 Royal Poinciana

Tamarac, FL 33319

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200002400292--3  
-01/14/98--01096--014  
\*\*\*541.25 \*\*\*541.25

**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 statement, formed and managed in accordance with the Florida Statutes.

LEIBOWITZ MANAGEMENT CO., INC., General Partner

SIGNATURE By: X

Jerry Leibowitz, President

DATE X 12/20/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number X

CR2E003 (6/97)