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

10 REVUCATION	I AND \$500 PENALIT FEE				
LIMITED PARTNURH ANNUAL RELDE 1998	MOUNT	Month of Jack My State CONFORATIONS	S PEC 10	and the state of t	
1. Name of Limited Partnership	1	1a. DOCUMENT # A4700 UND 2678		97 DEC 19 PM 12: 32 SECRETARY OF STATE TALLAHASSEE FLORIDA	
THE MORGENLANDER FAM PARTNERSHIP			TALLAHASSEI	FLORIDA 9197	
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record	
4849 PeregrinecPoint Circle North Sarasota, Florida 34231			12/11/97 3a. Date of Last Report	\$102,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
same	same	same		\$51,000.00	
Suite, Apt. #, etc.	Suite Apt. #, etc.			Applied for Not Applicable	
City & State	City & State	y & State		7. Certificate of Status Desired \$8.75 Additiona	
Zip Country	Ζφ	Country	8. Make check payable to: Dept. o	Fee Requireo of State (See reverse side for lee information)	
			40	A COLUMN TO THE RESIDENCE OF THE PARTY OF TH	
9. Name and Address of Cur	Name	10. If changed, new Registered Agent/Office Name			
Lee Morgenlander 4849 Peregrine Point Circle North Sarasota, Florida 34231		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc -12/29/9701054005 City ####460.75 ####460.75 FL			
					10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation.
SIGNATURE (Registered Agent Accepting Appointment)).		. DATE		
A GENERAL PARTNER THA	AT IS A CORPORATION IST BE REGISTERED A			ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner o Box Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
Lee Morgenlander	4849 Peregrin Circle North		arasota, FLA 342	31A97000002678	
Linda Morgenländer	4849 Peregrin		rasota, FLA 3423	31	
	AR-	357.00	-		
	ARSUPP -	357.00	_		
		460.75			
Note: General partners MAY N		· · · · · · · · · · · · · · · · · · ·		ange a general partner.	

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12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarify 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 logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustees are executed by execute this energy as required by charges?

empowered to execute this report as required by chapter 629. Torida Statutes.

DATE 12/ /7 /97

ned or Printed Name of General Partner Sidning Form

LEE MORGENLANDER

Daytime Telephone Number _ 9 4 1 - 9 2 7 - 4 7 2 4