

FILE UNDER EPC BY 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

98 DEC 14 AM 9:23

*mtu*  
12/17

1. Name of Limited Partnership

1a. DOCUMENT #  
A98000000335

THE REMIN FAMILY LIMITED PARTNERSHIP



Mailing Address

9801 COLLINS AVENUE, #9D  
BAL HARBOUR FL 33154

Principal Office Address

9801 COLLINS AVENUE, #9D  
BAL HARBOUR FL 33154

3. Date Formed or Registered

02/05/1998

5a. Capital Contributions as Shown on record.

\$500.00

3a. Date of Last Report

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

\$500.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-085-8134

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

REMIN, ROSE  
% THE REMIN CORPORATION  
9801 COLLINS AVENUE, #9D  
BAL HARBOUR FL 33154

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)

*x Rose Remin*

DATE

*11/10/98*

**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)

REMIN CORPORATION

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

9801 COLLINS AVENUE,

11b. City, State & Zip Code

BAL HARBOUR FL 33154

11c. Registration/Document Number

P9800005076

000002716950--7  
-12/21/98--01006--009  
\*\*\*\*141.25 \*\*\*\*141.25

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 report as required by chapter 620, Florida Statutes.

SIGNATURE X

*Rose Remin*

DATE

*11/10/98*

Typed or Printed Name of General Partner Signing Form

Rose Remin

Daytime Telephone Number

305-867-0997

CR2E003 (8/98)