

RENOVATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT

1998 1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -4 AM 9:01

1. Name of Limited Partnership

The M.F. Investments Family  
Limited Partnership

1a.

DOCUMENT #

A98000002012

Mailing Address

Principal Office Address

17072 Whitehaven Drive  
Boca Raton, FL 33496

2. Mailing Address

2a. Principal Office Address

17072 Whitehaven Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33496

Palm Beach

3. Date Formed or Registered

8/28/98

5a. Capital Contributions as  
Shown on record.

\$5,000.00

3a. Date of Last Report

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

\$5,000.00

4. State or Country of Formation

Florida

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

Jeffrey S. Wachs, Esq.  
c/o Doumar, Curtis, Cross, Laystrom & Perloff  
1177 Southeast Third Avenue  
Ft. Lauderdale, FL 33316-1177

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)

DATE 11-30-98

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

Marilyn Feldman

17072 Whitehaven Dr.

Boca Raton, FL 33496

A98000002012

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-01/22/99--01115--022  
\*\*\*\*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

DATE 12/14/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)