LIMITED PARTNERSHIP
ANNUAL REPORT
1000



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CURPORATIONS

98 NOV 16 PM 12: 07

Name of Limited Partnership
 Fannie Zimmerman Family
 Limited Partnership

1a. DOCUMENT # A9800002048

Limited Partnership		<del></del>	7			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
	·		9/1/98			
			3a. Date of Last Report	\$1,000		
	<del>,</del>		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
<ol> <li>Mailing Address</li> <li>C/o Mrs. Fannie Zimmerman</li> </ol>	2a. Principal Office Address c/o Mrs. Fannie Zimmerman		FL	\$1,000		
Suite, Apt #, etc. 3800 South Ocean Drive	Suite Apt #, etc. 3800 South Ocean Drive		6, FEI Number	Applied For		
City & State Hollywood, FL	City & State Hollywood, FL		7. Certificate of Status Desired	Not Applicable  \$8.75 Additional		
Zip Country	Zip Country		<del>-</del> /	Fee Required		
33019 USA	33019	3019 USA 8. Make Sherk gayable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Registered Agent Name		Name	10. If changed, new Registered Agent/Office			
		Street Address (P.O.	Street Address (P.O. Box Number Is Not Acceptable)			
3800 south Ocean Drive		Suite, Apt. #, etc.				
Hollywood, FC 33019			FL Zip O			
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 the 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)						
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 Gener	al Partner ox Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number		
Fannie Zimmerman	3800 South Ocean	Drive Ho	llywood, FL 3301	6 CB2F003 17297		
J	ĺ			E003		
	ļ			692221-0 798-01104-016		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. We 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 Fanne Zimmorman DATE 11/2/98						
Typed or Printed Name of General Partner Signing Form Fannie Zimmerman General Partner Daytime Telephone Number						