


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

| | | | | |
|---|--|--|---|---|
| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | FILED APR 29 PM 5:00 SECRETARY OF STATE | |
| 1. Name of Limited Partnership ALPERT LIMITED PARTNERSHIP I | | 1a. DOCUMENT # A98000002502 | | |
| Mailing Address 2999 NORTH POWERLINE ROAD POMPANO BEACH FL 33069 | | Principal Office Address 2999 NORTH POWERLINE ROAD POMPANO BEACH FL 33069 | | 3. Date Formed or Registered 11/03/1998 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 3a. Date of Last Report N/A |
| 4. State or Country of Formation FL | | 5a. Capital Contributions as Shown on record \$1,500,000.00 | | |
| 6. FEI Number 050808819 | | 5b. Amount of Capital Contributions in FLORIDA to date: \$1000.00 | | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$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 SCHNEIDER, HARVEY ESQ. SCHNEIDER & HEFFNER 1900 CORPORATE BLVD., N.W., #301, W. BLDG. BOCA RATON FL 33431 | | 10. If changed, new Registered Agent/Office Name ARNOLD ALPERT 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 4/15/99 | | | | |
| 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) A PIAZZA, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2999 NORTH POWERLINE | 11b. City, State & Zip Code POMPANO BEACH FL 3306 | 11c. Registration/Document Number P85000029732 200002866242--5 -05/07/99--01014--001 ****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 4/27/99 | | |
| Typed or Printed Name of General Partner Signing Form | | Daytime Telephone Number | | |

CR2E003 (12/98)