

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT 14 PM 1:01



1. Name of Limited Partnership

1a DOCUMENT #  
B96000000072

HOME DYNAMICS EASTRIDGE, L.P., LTD.

Mailing Address  
20000 PINES BLVD.  
PEMBROKE PINES FL 33029

Principal Office Address  
20000 PINES BLVD.  
PEMBROKE PINES FL 33029

3. Date Formed or Registered  
02/29/1996

5a. Capital Contributions as  
Shown on record  
\$100.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
105-0693447

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SCHACK, EDWARD J  
1320 SOUTH DIXIE HIGHWAY, SUITE 1180  
CORAL GABLES FL 33146

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

1000019810951-5  
-10/21/96-01023-008  
\*\*\*\*191.2FL\*\*\*\*191.25

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

**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

HOME DYNAMICS CORPORATION

20000 PINES BLVD.

PEMBROKE PINES FL 330

P94000046501

**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

Typed or Printed Name of General Partner Signing Form

DAVID SCHACK, PRES. OF HOME DYNAMICS CORP.

Daytime Telephone Number

9-10-96  
954-431-6800

CR2E003 (6/96)