FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATI' 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
97 JAN 27 PM 1:33

1. Name of Limited Partnership

LEON WEISER ASSOCIATES, LTD.

1a. DOCUMENT #
B 96000000406

Mailing Address	Principal Office Address
2. Mailing Address: C/O ALLEY MAASS ROGERS & LINDSAY	**2a.** Principal Office Address: SAME AS MAILING ADDRESS
Suite, Apt. #, etc.: 321 ROYAL POINCIANA PLAZA	Suite, Apt. #, etc.
City & State: PALM BEACH, FL	City & State
Zip: 33480 Country: USA	Zip Country

3. Date Formed or Registered: 10/22/96

3a. Date of Last Report: N/A

4. State or Country of Formation: NEW YORK

5a. Capital Contributions as Shown on record: 0,000

5b. Amount of Capital Contributions in FLORIDA to date: 0,000

6. FEI Number: 13-2683696 ☐ 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

MR. M. TIMOTHY HANLON
ALLEY, MAASS, ROGERS & LINDSAY, P.A.
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

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 _____

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
JOEL WEISER	C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA	PALM BEACH, FL 33480	N/A

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KWM

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 Joel Weiser DATE X 31 Dec 96

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)