

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 11 AM 10:09

untn  
12/12

1. Name of Limited Partnership

1a. DOCUMENT #  
B97000000607

Libby Schwartz Family Limited Partnership

Mailing Address

372 Kelburn, Apt. 212  
Deerfield, IL 60015

Principal Office Address

Same

3. Date Formed or Registered

October 1, 1997

5a. Capital Contributions as  
Shown on record.

\$0

3a. Date of Last Report

First Report

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

\$0

4. State or Country of Formation

Illinois

2. Mailing Address  
372 Kelburn

2a. Principal Office Address  
Same

Suite, Apt. #, etc.  
212

Suite, Apt. #, etc.

City & State

Deerfield, IL 60015

City & State

Zip

Country

Zip

Country

6. FEI Number

36-4183253

☐ 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

Eunice E. Klein  
1070 Laurel Road East Site 447  
Nokomis, FL 34275

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

780002373837--3

-12/16/97--01100--001

\*\*\*312.50 \*\*\*156.25

FL

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)

Libby Schwartz

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

372 Kelburn, Apt. 212

11b. City, State & Zip Code

Deerfield, IL 60015

11c. Registration/  
Document Number

B97000000607

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

Libby Schwartz

DATE

12-2-97

Typed or Printed Name of General Partner Signing Form

Libby Schwartz

Daytime Telephone Number

847-948-1441

CR2E003 (6/97)