

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 FEB 23 PM 2: 05

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000719

THE MIKOLAJCZYK FAMILY LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

6541 DUNBARTON DRIVE
HUDSON OH 44236

6541 DUNBARTON DRIVE
HUDSON OH 44236

3. Date Formed or Registered

12/30/1997

5a. Capital Contributions as
Shown on record.

\$295,960.00

3a. Date of Last Report

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

\$295,960

4. State or Country of Formation

GA

2. Mailing Address

6541 Dunbarton Drive

2a. Principal Office Address

6541 Dunbarton Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

31-1499562

Applied For
 Not Applicable

City & State

Hudson, OH

City & State

Hudson, OH

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

44236

Country

U.S.

Zip

44236

Country

U.S.

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) **1000 2444811--9**

-03/03/98--01010--005

Suite, Apt. #, etc.

*****526.25 ***526.25**

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)

MIKOLAJCZYK, DAVID J
MIKOLAJCZYK, JANET R

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

6541 DUNBARTON DRIVE
6541 DUNBARTON DRIVE

11b. City, State & Zip Code

HUDSON OH 44236
HUDSON OH 44236

11c. Registration/
Document Number

437.50

88.75

du

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 the report as required by chapter 620, Florida Statutes.

SIGNATURE

David Mikolajczyk

DATE

Typed or Printed Name of General Partner Signing Form

David J. Mikolajczyk

Daytime Telephone Number (216) 274-2397

CR2E003 (12/97)