

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

FILED

96 NOV 14 'PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A16225**

SUBARNO PARTNERSHIP, LTD.

*97-AR  
CM*



Mailing Address

201 ALHAMBRA CIRCLE, 8TH FLOOR  
CORAL GABLES FL 33134

Principal Office Address

201 ALHAMBRA CIRCLE, 8TH FLOOR  
CORAL GABLES FL 33134

3. Date Formed or Registered

01/13/1984

5a. Capital Contributions as  
Shown on record.

\$1,500.00

3a. Date of Last Report

01/17/1996

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

4. State or Country of Formation

FL

2. Mailing Address

97% Krongold and Todd, PA.  
Suite, Apt. #, etc.

2a. Principal Office Address

97% Krongold and Todd, PA.  
Suite, Apt. #, etc.

6. FEI Number

59-2277746

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

DAVIS, ELDA M  
% KRONGOLD & BASS  
201 ALHAMBRA CIR., 8TH FLOOR  
CORAL GABLES FL 33134

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)

LKB WAREHOUSE, INC.

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

201 ALHAMBRA CIRCLE

11b. City, State & Zip Code

CORAL GABLES FL

11c. Registration/  
Document Number

G87359

900002013699--1  
-11/26/96--01032--015  
\*\*\*\*\*138.75 \*\*\*\*\*138.75

900002013699--1  
-11/26/96--01032--016  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

**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 effect 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

*LKB Warehouse, Inc. General Partner  
Elda M. Davis, President*

DATE

10/3/96

Typed or Printed Name of General Partner Signing Form

*Elda M. Davis Pres*

Daytime Telephone Number

10/3/96 (307) 4463033

CR2E003 (6/96)