

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 NOV 12 PM 3: 50



1. Name of Limited Partnership	1a. DOCUMENT # A29521
LEGAL YOGURT, LTD.	

Mailing Address ONE DATRAN CENTER, SUITE 1010 9100 SOUTH DADELAND BOULEVARD MIAMI FL 33156	Principal Office Address ONE DATRAN CENTER, SUITE 1010 9100 SOUTH DADELAND BOULEVARD MIAMI FL 33156	3. Date Formed or Registered 01/18/1990	5a. Capital Contributions as Shown on record \$54,500.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 05/02/1997	
		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		6. FEI Number 65-0166829	<input type="checkbox"/> \$8.75 Additional Fee Required
		7. Certificate of Status Desired	<input type="checkbox"/>
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent STEIN, BARRY A. 9100 SOUTH DADELAND BLVD. STE 1010 MIAMI FL 33156	10. If changed, new Registered Agent/Office Name 000002346810--1 Street Address (P.O. Box Number is Not Acceptable) 11/13/97--01090--001 ****485.25 ****485.25 Suite, Apt. #, etc. City FL Zip Code
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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
ALLAJAR, INC.	9100 S DADELND BL.,#1	MIAMI FL	L42918 <i>[Handwritten Signature]</i> 11-12

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 *Barry A Stein* **Pres Allajar Inc**
Genl Partner
Typed or Printed Name of General Partner Signing Form **Barry A Stein**
Daytime Telephone Number **11/8/97**
3056702333

CR2E003 (6/97)