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

LIMITED PARTNERSHIP ANNUAL REPORT

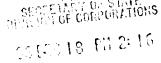
1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS



1. Nanie of Limited Partnership 1a. DOCUMENT # A9300000529 THE BLUMIN FAMILY LIMITED PARTNERSHIP						
Mailing Address		Principal Office Address 19366 N.W. 13 STREET	19366 N.W. 13 STREET		5a. Capital Contributions as Shown on record \$93,395.42	
PEMBROKE PINES FL 33029		PEMBROKE PINES FL 33029	PEMBHOKE PINES FL 33029		5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address		2a. Principal Office Address	2a. Principal Office Address		93315.4~	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.		Applied For	
City & State		City & State	City & State		Not Applicable	
Zip Country		Zip Country		7. Cert ficate of Status Desired	\$8.75 Additional Fee Required	
					8. Make check payable to Dept. of State (Sec reverse's durfor fee information	
9. Name and Address of Current Registered Agent STANGAP INC.			10. If changed new Registered Agent/Office Name			
10a. Pursuant to the for the purpolagent. I am fa	ose of changing its registered of lamil ar with, and accept the obl red Agent Accepting Appointme		Florida Such chang	rship organized or registered under the laws pe was authorized by its general partner(s) i	Spretry accept the appointment of registered. ATE: 11-15-96	
A GENER	AL PARTNER TH M	IAT IS A CORPORÁTION UST BE REGISTERED A	I, LIMITED/ ND ACTIV	PARTNERSHIP OR OTI E WITH THIS OFFICE.	HER BUSINESS ENTITY	
11. Name(s) o	of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b. City State & Zip Code	11c. Registration/ Document Number	
STANGAP, N	NC.	19366 N.W. 13 STREET		-12/i	P9300033300 20400854 27/9601127010 *191.25 ****191.25	
1						
Note: Gene	eral partners MAY	NOT be changed on this fo	rm; an ame	ndment must be filed to	change a general partner.	
Corporations from this annual report	ion: any liability of non-complian ort is true and acquirate and tha		ne information suppli s as if made under o	ed is deemed exempt from public access. If ath. Hurther certify that I am a Gen eral Parin	further cert fy that the information indicated on ier of the limited partnership, receiver or trusted	

Typed or Printed Name of General Partner Signing Floring Town STANGAP ING Daytime Telephone Number 305-377-9900