

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 26 PM 4: 21

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000198

MALOMAR, LTD.



Mailing Address 2435 HOLLYWOOD BLVD. #204 HOLLYWOOD FL 33020		Principal Office Address 2435 HOLLYWOOD BLVD. #204 HOLLYWOOD FL 33020		3. Date Formed or Registered 02/11/1994	5a. Capital Contributions as Shown on record. \$ 765,000
2. Mailing Address		2a. Principal Office Address		3b. Date of Last Report 12/26/1995	5b. Amount of Capital Contributions in FLORIDA to date: 500
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0474760	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired	<input type="checkbox"/> \$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 RESNICK, MALCOLM L 3155 N. 39TH STREET HOLLYWOOD FL 33021		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002099572--4 Suite, Apt. #, etc. 02/21/97 01034-007 City FL Zip Code 191.25 ****191.25	
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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) MALOMAR HOLDING, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3155 N. 39TH STREET	11b. City, State & Zip Code HOLLYWOOD FL 33021	11c. Registration/Document Number P04000011830
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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)(X), 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 MALCOLM RESNICK PRES DATE 1/15/97
Typed or Printed Name of General Partner Signing Form Malcolm Resnick Pres Daytime Telephone Number 954-966-9239

CP2E003 (6/96)