

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 FEB -5 AM 9:28

<b>1. Name of Limited Partnership</b>  KRAMER PARTNERSHIP, LTD.	<b>1a. DOCUMENT #</b> <b>A94000000571</b>
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<b>Mailing Address</b> 2855 W. COMMERCIAL BLVD., APT. 208 FORT LAUDERDALE FL 33309-2977	<b>Principal Office Address</b> 2855 W. COMMERCIAL BLVD., APT. 208 FORT LAUDERDALE FL 33309-2977	<b>3. Date Formed or Registered</b> 04/26/1994	<b>5a. Capital Contributions as Shown on record.</b> \$3,000,000.00
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b> 10/10/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
Suite, Apt. #, etc. 138	Suite, Apt. #, etc. 138	<b>4. State or Country of Formation</b> FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	<b>6. FEI Number</b> 65-0475588	<b>7. Certificate of Status Desired</b>
Zip Country	Zip Country	<input type="checkbox"/> \$8.75 Additional Fee Required	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>

<b>9. Name and Address of Current Registered Agent</b>  KRAMER, DAVID 2855 W. COMMERCIAL BLVD. <del>APT. 208</del> FORT LAUDERDALE FL 33309-2977
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<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. #138 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
KRAMER, DAVID	41 BATTERY ROAD	BELFAST ME 04915	100002771551--4 -02/10/93--01055--014 ***526.25 ***526.25 4-2-99
STEIN, JUDITH	41 BATTERY ROAD	BELFAST ME 04915	

**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 Judith K Stein DATE 11-5-98  
 Typed or Printed Name of General Partner Signing Form Judith K Stein Daytime Telephone Number 954-735-5419

CR2E003 (8/98)