



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

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|--|--|--|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1997 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>95 SEP 13 AM 8:40</p> | |
| 1. Name of Limited Partnership 1234 PARTNERS, LTD. | | 1a. DOCUMENT # A94000000593 | |  | |
| Mailing Address 523 MICHIGAN AVENUE MIAMI BEACH FL 33139 | | Principal Office Address 523 MICHIGAN AVE. MIAMI BEACH FL 33139 | | 3. Date Formed or Registered 04/28/1994 | |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report 10/18/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation FL | |
| City & State | | City & State | | 5a. Capital Contributions as Shown on record \$891,000.00 | |
| Zip | | Zip | | 5b. Amount of Capital Contributions in FL ORIDA to date | |
| Country | | Country | | 6. FEI Number 65-0498655 | |
| Country | | Country | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Country | | Country | | 7. Certificate of Status Desired | |
| Country | | Country | | <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 FRYD, JONATHAN 523 MICHIGAN AVE. MIAMI BEACH FL 33139 | 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, submit 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) 1234 GROUP, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 523 MICHIGAN AVENUE | 11b. City, State & Zip Code MIAMI BEACH FL 33139 | 11c. Registration/Document Number P94000044722 |
| 600001950806 -09/18/96--01089--005 ****576.25 ****576.25 | | | |

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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Jonathan Fryd

Daytime Telephone Number _____

9-10-96
305-673-2948

CR2E003 (6/96)