

**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 SEP -8 PM 3: 56

<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>A94000000593</b>
<b>1234 PARTNERS, LTD.</b>	



<b>Mailing Address</b> 523 MICHIGAN AVENUE MIAMI BEACH FL 33139	<b>Principal Office Address</b> 523 MICHIGAN AVE. MIAMI BEACH FL 33139	<b>3.</b> Date Formed or Registered 04/28/1994	<b>5a.</b> Capital Contributions as Shown on record.  \$891,000.00
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address	<b>3a.</b> Date of Last Report 09/13/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4.</b> State or Country of Formation FL	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	<b>6.</b> FEI Number 65-0498655	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)			

<b>9. Name and Address of Current Registered Agent</b>  FRYD, JONATHAN 523 MICHIGAN AVE. MIAMI BEACH FL 33139	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) 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.**

<b>11.</b> Name(s) of General Partner(s)  1234 GROUP, INC.	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)  523 MICHIGAN AVENUE	<b>11b.</b> City, State & Zip Code  MIAMI BEACH FL 33139	<b>11c.</b> Registration/ Document Number  P94000044722
800002289219--5 -09/10/97--01063--020 *****541.25 *****541.25 <b>KWM</b>			

CR2E003 (6/97)

**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 9/4/97  
 Typed or Printed Name of General Partner Signing Form Jonathan Fryd Daytime Telephone Number 305-673-2948