

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

98 JAN -5 AM 11:41



1. Name of Limited Partnership

1a. DOCUMENT #
A95000001690

THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP

Mailing Address 2301 GULF OF MEXICO DRIVE, APT 71N LONGBOAT KEY FL 34228	Principal Office Address 2301 GULF OF MEXICO DRIVE, APT 71N LONGBOAT KEY FL 34228
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered
11/06/1995

3a. Date of Last Report
01/29/1997

4. State or Country of Formation
FL

5a. Capital Contributions
Shown as of 11/5/98
2064492.00

5b. Amount of Capital
Contributions in FL, CREDA
to date
2064492.

6. FEI Number
65-0609906 Applied For
 Not Applicable

7. Certificate of Status Desired \$8.75 Add'l One
Fee Required

8. Make check payable to: Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent

FRIEDMAN, ELINOR L
2301 GULF OF MEXICO DRIVE, APT 71N
LONGBOAT KEY FL 34228

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)
600002398766--6

Suite, Apt. #, etc.
-01/13/98--01087--018

City
***541.25 FL ***541.25

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
FRIEDMAN, ELINOR L	2301 GULF OF MEXICO D	LONGBOAT KEY FL 34228	OK 1-9
FRIEDMAN NORTON, AMY G	74 OLD BEDFORD ROAD	GOLDENS BRIDGE NY 10526	

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 included in 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 *Elinor Friedman* DATE 12-19-97
Typed or Printed Name of General Partner Signing Form **ELINOR L. FRIEDMAN** Daytime Telephone Number 941-383-2048