

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPT. OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A96000000050
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THE MARK AND ROBERTA MANDEL FAMILY LIMITED PARTNERSHIP

Mailing Address 3000 ISLAND BOULEVARD, #1702 WILLIAMS ISLAND FL 33160	Principal Office Address 3000 ISLAND BOULEVARD, #1702 WILLIAMS ISLAND FL 33160	3. Date Formed or Registered 12/27/1995	5a. Capital Contributions as Shown on record. \$444,000.00
2. Mailing Address NA	2a. Principal Office Address NA	3a. Date of Last Report 01/26/1996	5b. Amount of Capital Contributions in FLORIDA to date: 444,000 -
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA	4. State or Country of Formation FL	6. FEI Number APPLIED FOR 65-0691054
City & State NA	City & State NA	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip NA	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MANDEL, MARK 3000 ISLAND BOULEVARD, #1702 WILLIAMS ISLAND FL 33160	10. If changed, new Registered Agent/Office Name NA Street Address (P.O. Box Number Is Not Acceptable) NA Suite, Apt. #, etc. NA City NA FL Zip Code NA
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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) NA 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
MANDEL, MARK	3000 ISLAND BOULEVARD	WILLIAMS ISLAND FL 33	NA
MANDEL, ROBERTA	3000 ISLAND BOULEVARD	WILLIAMS ISLAND FL 33	NA

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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)(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 Mark Mandel DATE 12-9-96
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number