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

LIMITED PARTNERSHIP ANNUAL REPORT 1997.



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of umited Partnership

Typod or Printed Name of General Pariner Signing Form

**DOCUMENT #** 1a. A96000001966

97 JAN 31 PM 12: 35

(305) 252-1018

Daytime Telephone Number

| MARMORSTEIN FAMILY PARINER   | SHIP NO. I, LTD.   |   |   |  |  |
|--|--|---|---|--|--|
| Principa Office Address  12466 S.W. 128th Street Miami, Florida 33186  Principa Office Address  12466 S.W. 128th Street Miami, Florida 33186   |  |   | 3. Date Formed or Registered  10/21/1996  38. Date of Last Report                       | 5a. Capital Contributions as Shown on record. 10,000.00                        |  |
| 2. Mailing Address   | 2a. Principal Office Address   |   | N/A 4. State or Country of Formation Florida  | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:<br>\$10,000.00   |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.                             |   | Applied For  |  |
| City & State   | City & State   |   | 65-0703131 7. Certificate of Status Desired   | Not Applicable  S8.75 Additional   |  |
| Zip Country  | Zip  | Zip Country                                     |   | \$8.75 Additional Fee Required  f Slate (See reverse side for fee information) |  |
| 9. Name and Address of Current Registered Agent  |  |   | 10. If changed, new Registered Agent/Office Name  |  |  |
| 5200 Blue Lagoon Drive Suite 700 Miami, Florida 33126  10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or ragent. Lam familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)   | egistered agent, or both up the State of Flor  | rida. Such grange was                           | askithorized by its general partner(s). I her   | eby accept the appointment of registered  Accident  1/30/97                    |  |
|  | S A CORPORATION, I<br>BE REGISTERED AN   | D ACTIVE V                                      | KINEKSHIP OK OTHE   | R BUSINESS ENTITY  |  |
| 11. Name(s) of General Partner(s)  MARMORSTEIN FAMILY ENTERPRISES, INC., a Florida corporation   | 11a. Address of Each General Industrial Indu | ox Numbers)                                     | ), City. State & Zip Code iami, FL 33186  | 11c. Registration/<br>Document Number P96000083423                             |  |
| •  |  |   | -02/1   | 2 <b>084624</b> 8<br>1/9701197010<br>208.75 ****208.75                         |  |
|  |  |   |   | KWM  |  |
| Note: General partners MAY NOT   |  |   |   |  |  |
| 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by characteristic from the composition of the composition o | Section 119.07(3)(k) in the event that the in<br>nature shall have the same legal effects as   | nformation supplied is<br>if made under oath. I | deemed exempt from public access. Hurt<br>further certify that I am a General Partner ( | her certily that the information indicated on                                  |  |