

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 14 AM 8:16

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002443

Genet Family Limited Partnership



012/18

Mailing Address		Principal Office Address		3. Date Figned or Registered	5a. Capital Contributions as Shown on record.
				12/24/96	\$4,000,000
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
19080 N.E. 29th Ave.		19080 N.E. 29th Ave.		12/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation	
				FL	
City & State		City & State		6. FEI Number	<input type="checkbox"/> Applied For
Aventura, FL		Aventura, FL		65-0717732	<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
33180	US	33180	US	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

NELSON, BARRY A
% NELSON & LA FEMINA P.A.
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

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, 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
Genet Family Holdings	19080 N.E. 29th Ave.	Aventura, FL 33180	P96000102066
			6000002722616--0 -12/24/98-01101-008 ****526.25 ****526.25

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

David Genet

DATE

12/10/97

Typed or Printed Name of General Partner Signing Form

David Genet, President

Daytime Telephone Number