

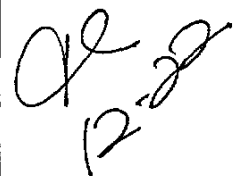
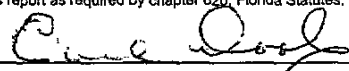


LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 14 PM 12:30	
1. Name of Limited Partnership WOOL FAMILY, LTD.		1a. DOCUMENT # A97000000824			
Mailing Address 2454 BAY ISLE COURT WESTON FL 33327		Principal Office Address 2454 BAY ISLE COURT WESTON FL 33327		3. Date Formed or Registered 04/10/1997 3a. Date of Last Report 01/23/1998 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$1,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 484,770	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 65-0764649 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent COHN, ALAN B C/O ABRAMS, ANTON, ROBBINS, RESNICK, ETAL 2021 TYLER STREET HOLLYWOOD FL 33022				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 200002721912-8 -12/24/98-0103 Code-021 ****526.25 ****526.25	
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) Carl Wool Shirley Wool		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2454 Bay Isle Ct. 2454 Bay Isle Ct.		11b. City, State & Zip Code Weston FL 33327 Weston, FL 33327	
				11c. Registration/Document Number 	
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 12/8/98	
Typed or Printed Name of General Partner Signing Form CARE Wool				Daytime Telephone Number 954-349-7363	