## 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

1. Name of Limited Partnership

**DOCUMENT #** A97000000976

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 15 AM 9: 00



INEBERG FAMILY LIMITED P	ARTNERSHIP				
Astling Address Principal Office Address  500 COLLINS AVENUE  HAMI BEACH FL 33140 MIAMI BEACH FL 33140			3. Date Formed or Registered  05/02/1997  38. Date of Last Report	5a. Capital Contributions as Shown on record.	
-2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		5 Applied For Not Applicable	
Zip Country		Zip Country		\$8.75 Additional Fee Required	
Zip Country	ΣΙΡ	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
FINEBERG, GLADYS 5500 COLLINS AVENUE MIAMI BEACH FL 33140		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Lip Code			
10a. Pursuant to the provisions of sections 620 1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT	registered agent, or both, in the State of Flori ns of section 620.192, Florida Statutes.	da. Such change	was authorized by its general parlner(s). I here  DATE  ARTNERSHIP OR OTHE	aby accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Dardana I	1b. City, State & Zip Code	11c. Registration/ Document Number	
FINEBERG FAMILY HOLDINGS, IN	5500 COLLINS AVENUE		MIAMI BEACH FL 33140	P97000039303	
<del>""</del>		-	5000024 -01/27/ ****54	1 3655 3 9801101009 1 25 ****541.25	
Note: General partners MAY NO	The changed on this form	. an aman	dment must be filed to she	KWM ,	

12. I do hereby certify that the information supplied with this filling 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