

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

FILED

98 MAR 30 AM 9: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

<b>1. Name of Limited Partnership</b> THE VILLOCH FAMILY LIMITED PARTNERSHIP	<b>1a. DOCUMENT #</b> <b>A97000001671</b>
---	--



*98-AR  
CM*

<b>Mailing Address</b> 9050 PINES BLVD., SUITE 450-F PEMBROKE PINES FL 33024	<b>Principal Office Address</b> 9050 PINES BLVD., SUITE 450-F PEMBROKE PINES FL 33024
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3. Date Formed or Registered</b> 07/31/1997	<b>5a. Capital Contributions as Shown on record</b> \$1,500,000.00
<b>3a. Date of Last Report</b> N/A	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>4. State or Country of Formation</b> FL	
<b>6. FEI Number</b> 65-0769398	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> DON GONZALEZ, P.A. 9050 PINES BLVD., SUITE 450-F PEMBROKE PINES FL 33024
--

<b>10. If changed, new Registered Agent/Office</b>
Name
Street Address (P.O. Box Number is Not Applicable)
Suite, Apt. #, etc.
City
100002480991-4 04/07/98 01047 018 *****526.25 *****526.25 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) *Don Gonzalez* DATE 03-23-98

**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
VILLOCH ENTERPRISES, INC.	9050 PINES BLVD., SUI	PEMBROKE PINES FL 330	P97000046087

**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 truthfully 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 *Charles A. Villoch* DATE 03-23-98  
 as President of Villoch Enterprises, Inc.  
 Typed or Printed Name of General Partner Signing Form Charles A. Villoch  
 Device Telephone Number (954) 432-1699

CR2E003 (12/97)