

**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

98 NOV 12 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership Strongin Family Limited Partnership		1a. DOCUMENT # A 98000000869		3. Date Formed or Registered 4/6/98		5a. Capital Contributions as Shown on record. \$5,000.00	
2. Mailing Address 8880 S.W. 78th Place Miami, FL 33156		2a. Principal Office Address 8880 S.W. 78th Place Miami, FL 33156		3a. Date of Last Report 4/6/98		5b. Amount of Capital Contributions in FLORIDA to date: \$5,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation		6. FEI Number 65-0824865 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		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)	
Zip		Zip		Country		Country	

9. Name and Address of Current Registered Agent Jeffrey S. Wachs, Esq. 1177 S.E. Third Avenue Ft. Lauderdale, FL 33316		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) *J. S. Wachs* DATE 11-9-98

**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) Patricia Strongin	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8880 S.W. 78th Place	11b. City, State & Zip Code Miami, FL 33156	11c. Registration Document Number A 98000000869
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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 *Patricia Strongin* DATE 11-9-98
Typed or Printed Name of General Partner Signing Form PATRICIA STRONGIN Daytime Telephone Number 305 279-5700

CR2E003 (6/98)