

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1999

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

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001862

THE MANNO FAMILY LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

7420 MIAMI VIEW DRIVE
NORTH BAY VILLAGE FL 33141

7420 MIAMI VIEW DRIVE
NORTH BAY VILLAGE FL 33141

3. Date Formed or Registered

08/03/1998

5a. Capital Contributions as Shown on record.

\$2,000,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

2,000,000.00

4. State or Country of Formation

FL

2. Mailing Address

1140 KANE CONCOURSE

Suite, Apt. #, etc.

FIFTH FLOOR

City & State

BAY HARBOR ISLANDS, FL

Zip

Country

33154

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0851077

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

MANNO, JOSEPHINE A
7420 MIAMI VIEW DRIVE
NORTH BAY VILLAGE FL 33141

10. If changed, new Registered Agent/Office

Name
ROBERT HENRY SILVERS

Street Address (P.O. Box Number is Not Acceptable)
1140 KANE CONCOURSE

Suite, Apt. #, etc.
FIFTH FLOOR

City
BAY HARBOR ISLANDS

FL

Zip Code
33154

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

9/17/98

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

MANNO, BERT

7420 MIAMI VIEW DRIVE

NORTH BAY VILLAGE FL

MANNO, JOSEPHINE A

7420 MIAMI VIEW DRIVE

NORTH BAY VILLAGE FL

500002648605--5
-09/24/98--01096--023
***535.00 ***535.00

dec (eys)

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 or 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

X Bert Manno

DATE

Sept 14, 1998

Typed or Printed Name of General Partner Signing Form

BERT MANNO

Daytime Telephone Number

305-754-7654

CR2E003 (8/98)