FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A93000000409

Ina I am from from

96 DEC -4 PM 4: 33

SECRETARY OF STATE TALLAHASSEE, FLORIUA



SSD BLITMORE WAY, SUITE 1110 CORAL GABLES FL 30134 SSD BLITMORE WAY, SUITE 1110 CORAL GABLES FL 30134 28. Frincipal Office Address 28. Frincipal Office Address Suite, April # orc Su	ANDSTAR COMMERCIAL	INVESTMENTS LTD., N	O. 2	1 (00/19)1 (19)0 13100 (1911) 40(1) 4	Sf 12/	
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Suite of Country of Formation FL 3. Suite, Apt. #, etc. 5. FE Number 5. Soft Number 5. Soft Number 5. Soft Number 5. Soft Number 5. Make check payable to Dept. of State See revenue size for the information of the state o		1110	04/22/1993 38. Date of Last Report	Shown on record.		
2. Malling Address 2a. Principal Office Address FL Suite, Apl. #, etc. Suite, Apl. #, etc. 6. FD Names City & State 7. Confeder of State Devised Applied For Not Applicable Face Frequency 7. Confeder of State Devised Page 18. Male Creacy Devised Page 18. Ma					5b. Amount of Capital Contributions in FLORIDA to date:	
City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	2. Mailing Address	2a. Principal Office Address				
City & State City & State Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Second State Seco	Dity & State	City & State		7. Certificate of Status Desired		
Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip Country	Zip Country		8. Make check payable to: Dept. o	Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information	
Name	Q Name and Address of	Current Recipiered Agent		10 If changed, new Begister	and Angert/Office	
Street Auditores (P.O. Box Number is Not Acceptable) Street Auditores (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. SUID_12/16-01_100-0112 City #x*#\\$76.2P_ #\frac{1}{2} \frac{1}{2} \f		Annalu traftiereren Wilain	Name	• U. III Orlangeu, I ow negister	on Marine Sunda	
City *****\$76.25 City ******\$76.25 City ********\$76.25 City ************************************	550 BILTMORE WAY, SUITE 1110		Street Address (P.O. Box Number Is Not Acceptable)			
City *****576.25L ******576.25L *******576.25L ********576.25L ************************************						
to the purpose of changing its registered agent, or both, in the State of Rorida. Such change was authorized by its general partner(s). I hereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. DATE						
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner 12. Lob hereby cerify that the information supplied with hippling is voluntarily furnished and document in the properties of the exemption stated in Section 119.07(3)(K). Florida Statutes I release the Division of Corporations from any liability of non-compliance wigh Section 119.07(3)(K) in pure for the exemption supplied is deemed exempt from public access. If urther cerify that the information indicated this annual report is true and accurate and that my signature is the same of some of the cerify that the manual report is true and accurate and that my signature is the same of some of the cerify that the manual report is true and accurate and that my signature. SIGNATURE DATE DATE DATE 1 - 19 - 91 Cyped or Printed Name of General Partner-signing Form RODOLFO SKIN, Prosidually of Daytime Telephone Number (305) 461-3440	A GENERAL PARTNER T	HAT IS A CORPORATION	, LIMITED	PARTNERSHIP OR OTHI		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I to hereby certify that the information supplied with this ling is voluntarily furnished and does at wallify to the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any linability of non-compliance with Section 119.07(19) (k) in the first that it is plantially no public access. I further certify that he information indicates this annual report is true and accurate and that my signature of the first than the graph formation indicates the section 119.07(19) (k) in the first than the graph formation indicates the section 119.07(19) (k) in the first true and accurate and that my signature of the indicates the section 119.07(19) (k) in the first true and accurate and that my signature of the indicates the section 119.07(19) (k) in the first true and accurate and that my signature of the indicates the section 119.07(19) (k) in the first true and accurate and that my signature of the indicates the section 119.07(19) (k) in the first true and accurate and that my signature of the indicates the section 119.07(19) (k) in the first true and accurate and that my signature of the indicates the section 119.07(19) (k) in	Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		
12. I do hereby certify that the information supplied with this ring is voluntarily furnished and doctor 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 rent before the information supplied is deemed exempt from public access. I further certify that the information indicated this annual report is true and accurate and that my signature in the signature of the limited partnership, receiver or true empowered to execute this report as required to explain the section of the limited partnership, receiver or true empowered to execute this report as required to explain the section of the limited partnership, receiver or true. SIGNATURE DATE DATE DATE DATE DATE DATE Daytime Telephone Number (305)461-3440	LANDSTAR CENTERS, INC.	550 BILTMORE WAY, SUI		CORAL GABLES FL 33134	S02381	
12. I do hereby certify that the information supplied with this rling is voluntarily furnished and doctor 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 restrict the information supplied is deemed exempt from public access. I further certify that the information indicated this annual report is true and accurate and that my signature methods are less as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or true empowered to execute this report as required the partnership. Between these sections are provided to execute the section of the limited partnership, receiver or true. SIGNATURE DATE DATE DATE DATE Typed or Printed Name of General Partnersigning Form RODOLFO. SHOW DAYLORD Daytime Telephone Number (305)461-3440	*					
12. I do hereby certify that the information supplied with this rling is voluntarily furnished and doctor 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 rent to the information supplied is deemed exempt from public access. I further certify that the information indicated this annual report is true and accurate and that my signature may be less than the information indicated this annual report is true and accurate and that my signature may be less than the information indicated this annual report is true and accurate and that my signature may be less than the information indicated this annual report is true and accurate and that my signature may be less than the information indicated this annual report is true and accurate and that my signature may be less if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or true empowered to execute this report as required to execute this report as required to execute this report as required to execute the limited partnership, receiver or true empowered to execute this report as required to execute the limited partnership, receiver or true empowered to execute this report as required to execute the limited partnership, receiver or true empowered to execute this report as required to execute the limited partnership, receiver or true empowered to execute this report as required to execute the limited partnership, receiver or true empowered to execute this report as required to execute the limited partnership. DATE DATE DATE DATE DATE DEPARTMENT OF DEPARTMENT OF DEPARTMENT OF DATE	•					
Corporations from any liability of non-compliance with Section 119 of (3/k) in the lent the information supplied is deemed exempt from public access. I further certify that the information indicated this annual report is true and accurate and that run signature and the invalidation is less as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or true empowered to execute this report as required to apply this place. The section of the limited partnership, receiver or true empowered to execute this report as required to apply this place. The section of the limited partnership, receiver or true empowered to execute this report as required to apply this place. The section of the limited partnership, receiver or true empowered to execute this report as required to apply the place of the limited partnership, receiver or true empowered to execute this report as required to apply the place of the limited partnership, receiver or true empowered to execute this report as required to apply the limited partnership, receiver or true empowered to execute this report as required to apply the limited partnership, receiver or true empowered to execute this report as required to execute this report as required to execute this report as required to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership, receiver or true empowered to execute the limited partnership to ex	Note: General partners MAY	NOT be changed on this fo	orm; ap ame	endment must be filed to ch	ange a general partner.	
yped or Printed Name of General Partner Signing Form RODOLFO Strn, Prisident of Daytime Telephone Number (305)461-3440	Corporations from any liability of non-complia this annual report is true and accurate and the	ance with Section 119 of (3)(k) in the cent that nat row signature in a prosing the least stock	e intermation suppl	ied is deemed exempt from public access. I fur	ther certify that the information indicated c	
	SIGNATURE /		D			
Landstor Cinters Inc	Typed or Printed Name of General Partner Signing F	orm KODOLFO SKIN,	6 Paythu		305)461-2440 ***********************************	