

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 23 AM 10:47



1. Name of Limited Partnership SILVERMAN AND SELEY, LTD.		1a. DOCUMENT # A16359
Mailing Address 21000 N.E. 28TH AVE. NORTH MIAMI BEACH FL 33180	Principal Office Address 21000 N.E. 28TH AVE. NORTH MIAMI BEACH FL 33180	3. Date Formed or Registered 02/02/1984
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 11/03/1995
		4. State or Country of Formation FL
		5a. Capital Contributions as Shown on record. \$28,816.00
		5b. Amount of Capital Contributions in FL ORIDA to date.
		6. FEI Number 59-2388104 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		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)

9. Name and Address of Current Registered Agent
**SILVERMAN, BARRY
21000 N.E. 28TH AVE
N. MIAMI BEACH FL**

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ **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) _____ DATE _____

**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
SILVERMAN, BARRY	21000 N.E. 28TH AVE.	N. MIAMI BEACH FL	
SELEY, FREDERICK	21000 NE 28THB AVE.	N. MIAMI BEACH FL	

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***340.49 ***340.49

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 *Frederick B. Seley*
Typed or Printed Name of General Partner Signing Form *Frederick B Seley*

DATE *9/19/96*
Daytime Telephone Number *(305) 937-1999*

CR2E003 (6/96)