



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 SEP 23 AM 10: 26</p>	
1. Name of Limited Partnership THE BRAVERMAN FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A94000000046			
Mailing Address 4832 CHAMAL CIRCLE BOCA RATON FL 33487		Principal Office Address 4832 CHAMAL CIRCLE BOCA RATON FL 33487		3. Date Formed or Registered 01/06/1994	
2. Mailing Address 4156 BRYNWOOD DR.		2a. Principal Office Address same		5a. Capital Contributions as Shown on record \$990.00	
Suite, Apt. #, etc. same		Suite, Apt. #, etc. same		3a. Date of Last Report 12/27/1996	
City & State Naples Fla.		City & State Naples Fla.		5b. Amount of Capital Contributions in FLORIDA to date:	
Zip 34119		Country FL		6. FEI Number 65-0476625	
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 BRAVERMAN, NEIL K 4832 CHAMAL CIRCLE BOCA RATON FL 33487				10. If changed, new Registered Agent/Office Name 4156 BRYNWOOD DR. Suite, Apt. #, etc. Naples FL 34119	
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) PARAMOUNT INVESTMENT CAPITAL		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4832 CHAMAL CIRCLE		11b. City, State & Zip Code BOCA RATON FL 33487	
11c. Registration/Document Number P94000039070		000002305120--4 -09/26/97--01093--017 ****156.25 ****156.25			
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 		DATE 9/15/97			
Typed or Printed Name of General Partner Signing Form NEIL K. BRAVERMAN		Daytime Telephone Number 941-592-9914			

CR2E003 (6/97)