LIMITED PARTNERSHIP ANNUAL REPORT 1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries
Filing Fee Required — Make Checks Payable To: *Department of State*

1. Name and Mailing Address of Limited Partnership:

A21443
TRIVEST OF FLORIDA, LTD.
2665 S. BAYSHORE DR.
SUITE 801
MIAMI, FLA. 33133

If above address is incorrect in any way, enter the address in Item 2, include Zip Code.

2. Enter change of Address of Limited Partnership
Mailing Address
Principal Street Address
City
State Zip Code

3. Date Registered To Do Business in Florida: 12/10/1985

4. State or Country of Formation: FLORIDA

FOR FISCAL USE ONLY
88 DEC 23 AM 8:53

5. Amount of Capital Contributions $ $198.00

CAPITAL CONTRIBUTION, IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS ONLY AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE.

6. Filing fee is figured at the rate of $4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than $30.00 nor more than $250.00. For questions concerning capital contributions or filing fees please call (904) 487-6050. Please submit your 1988 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S.

6a. Name and Business Address of each General Partner

Names of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	City and State
TRIVEST ASSOCIATES, INC.	2665 S. BAYSHORE DR. 801	MIAMI, FLA.

200002402562--7

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION

OFFICE USE ONLY
Document Examiner
Updater
Updater Verifyer
Filing Fee

7. Name and Address of Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (Do NOT Use P.O. Box Number): 8751 WEST BROWARD BLVD.
Street Address (Do NOT Use P.O. Box Number):
City and State: PLANTATION, FL
Zip Code: 33324000000

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

8. Signature: Peter W. Klein
Date: December 28, 1987
Typed Name of Signing General Partner: TRIVEST, INC. (formerly known as TRIVEST ASSOCIATES, INC.) By: PETER W. KLEIN
Title: Vice President
Telephone Number: (305) 858-2200

9 STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, the day personally appeared Peter W. Klein who being sworn deposes and says that the statements contained in the foregoing Annual Report are true and correct

SWORN TO AND SUBSCRIBED before me this 28th day of December 19 87

My commission expires:

Notary Public

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. FEB 26,1991
BONDED THRU GENERAL INS. UND.

CR2E001 (8/87)