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

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 18 AM 8:12

1. Name of Limited Partnership

1a. DOCUMENT # A97000002636

DORNBUSCH FAMILY LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
21150 POINTE PLACE. APT ~~1504~~ 1903 AVENTURA FL 33180	21150 POINTE PLACE. APT ~~1504~~ 1903 AVENTURA FL 33180

3. Date Formed or Registered: 12/05/1997

3a. Date of Last Report: 01/08/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: ~~$1,000.00~~ $7,004,799

5b. Amount of Capital Contributions in FLORIDA to date: $7,004,799

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc. Apt. 1903	Suite, Apt. #, etc. Apt. 1903
City & State	City & State
Zip Country	Zip Country

6. FEI Number 65-0790832 ☐ Applied For ☐ Not Applicable
~~APPLIED FOR~~

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	**10.** If changed, new Registered Agent/Office
WOLFE, RICHARD C ESQ. 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180	Name: JAIME DORNBUSCH Street Address (P.O. Box Number Is Not Acceptable): 21150 POINT PLACE Suite, Apt. #, etc.: APT. 1903 City: AVENTURA FL Zip Code: 33180

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 12/28/98

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
JKNM INVESTMENTS, INC.	21150 POINTE PLACE, A	AVENTURA FL 33180	P97000093571

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-03/23/99--01094--009
****535.00 ****535.00

CR2E003 (8/98)

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 12/28/98

Typed or Printed Name of General Partner Signing Form JAIME DORNBUSCH Daytime Telephone Number (305) 621-5551