

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 12 AM 11:58



1. Name of Limited Partnership	1a. DOCUMENT # A07026
LAUDVILLE ASSOCIATES LTD.	

Mailing Address 155 EAST 55TH ST., SUITE 5-F NEW YORK NY 10022	Principal Office Address 4400 NW 36TH STREET LAUDERDALE LAKES FL 33319	3. Date Formed or Registered 12/01/1978	5a. Capital Contributions as Shown on record. \$200,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/08/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
City & State	City & State	6. FEI Number 22-2235065	
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent SABRA EDWARD 4300 N.W. 36TH ST. APT. 102-D LAUDERDALE LAKES FL 33319	10. If changed, new Registered Agent/Office Name: RICHARD SIEGEL Street Address (P.O. Box Number Is Not Acceptable): 1411 MAPLE FOREST DRIVE Suite, Apt. #, etc. City: CLEARWATER FL Zip Code: 34624
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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) *[Signature]* DATE **9/23/97**

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
SACHS, MARVIN	155 E. 55TH ST., #5F	NEW YORK NY	100002378541--2 -12/22/97--01003--025 ****541.25 ****541.25 307025
SACHS, DAVID	155 E. 55TH ST., #5F	NEW YORK NY	
PALIN, MICHAEL	989 THIRD AVE.	NEW YORK NY	
GREAT UNIVERSAL DEVE FLA	2301 S OCEAN AVE	HOLLYWOOD FL	

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 *[Signature]* DATE **9/17/97**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CRPE003 (6/97)