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

1. Name of Limited Partnership

1a. DOCUMENT # A08381

SECRETARY OF STATE

98 DEC 15 AM 11: 46

enth

| | A08381 | | | | | 12/22 | |
|---|--|---|--------------------|--|---|---|--|
| NEPTUNE - FT. LAUDERDALE, LTD. | | | | | | | |
| Mailing Address | Principal Office Address | Principal Office Address | | Date Formed or Registered | 5a. Capital Contributions as Shown on record. | | |
| 531 E. OAKLAND PARK BLVD. OAKLAND PARK FL 33334 | 531 E. OAKLAND PARK BLVD. OAKLAND PARK FL 33334 | | | 12/31/1979 2. Date of Last Report 12/22/1997 | \$116,280-00 5b. Amount of Capital Contributions in FLORIDA to date: | | |
| Ž. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | State or Country of Formation | to date: \$116,280.00 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | FEI Number 59-1874819 | Applied For Not Applicable | | |
| City & State | City & State | City & State | | Certificate of Status Desired | | | |
| Zip Country | Zip | Country 8. Make check payable to: Dept. of State (See reverse | | | \$8.75 Additional Fee Required se side for fee information) | | |
| 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office | | | | | | | |
| | | | Name | | | | |
| ahrens, hara 531 E. Oakland Park Blvd. | | Street Address (P.O. Box Number Is Not Acceptable) | | | | | |
| OAKLAND PARK FL 33334 | | Suite, Apt. #, etc. | | | | | |
| | | | | FL Zip Code | | | |
| 10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office o agent. I am familiar with, and accept the obligation | r registered agent, or both, in the State of Flor | ed limited partne ida. Such chan | ership organized o | or registered under the laws of the S by its general partner(s). I hereby | State of Florida accept the ap | s, submits this statement cointment of registered | |
| 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 Gener | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | | 11b. City, State & Zip Code | | 11c. Registration/ Document Number | |
| NEPTUNE MANAGEMENT CORP. | | 1721 W. MAGNOLIA BLVD | | BURBANK CA 91506 | | 177 | |
| | | | | 4000027; -12/23/9 ****528 | 207: 8010 8.25 * | 24——6 50006 ***526.25 | |
| Note: General partners MAY NO | T he changed on this form | n: an am | endment n | nust be filed to char | nge a ge | neral partner | |
| 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 eath. 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 520, Florida Statutes.

SIGNATURE 丛

Typed or Printed Name of General Partner Signing For

EMANUEL WEINTRAUB

__ Daytime Telephone Number

(818) 845-2415