FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

FILED
96 DEC 18 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
NEPTUNE-MIAMI, LTD.

1a. DOCUMENT #
A08500

Mailing Address
18537 W. DIXIE HWY.
NORTH MIAMI BEACH, FL 33180

Principal Office Address
18537 W. DIXIE HWY.
NORTH MIAMI BEACH, FL 33180

3. Date Formed or Registered
01/21/80

3a. Date of Last Report
01/16/96

4. State or Country of Formation
FL

5a. Capital Contributions Not Stated Dollar Amount
$116,280

5b. Amount of Capital Contributions in FLORIDA to date
$116,280

2. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

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

6. FEI Number
94-2601788
☐ Applied For
☐ Not Applicable

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
AHRENS, HARA
531 EAST OAKLAND PARK BLVD.
OAKLAND PARK, FL 33334

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc
City **FL** Zip Code

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. Each 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) X Hara E. Ahrens DATE X 12-13-96

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
NEPTUNE MANAGEMENT CORP	1721 W. MAGNOLIA BLVD.	BURBANK, CA 91506	P27177

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-12/27/96--01073--005
****576.25 ****576.25

CR2E003 (6/96)

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 X Emanuel Weintraub G.P. DATE X 12/10/96

Typed or Printed Name of General Partner Signing Form EMANUEL WEINTRAUB Daytime Telephone Number (818) 845-2415