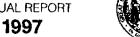
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #

FILED

96 NOV 14 'PN 2: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Name of Limited Partnership A16225						
SUBARNO PARTNERSHIP, LTD.	90	, Ch	T THE HOLD HAVE BEEN AND AND AND AND AND AND AND AND AND AN	PROFESTION	DIY BADIY BADIY BADIY BADIY 1881	
Mailing Address 201 ALHAMBRA CIRCLE. 8TH FLOOR	Principal Office Address 201 ALHAMBRA CIRCLE. 8TH FLOOR CORAL GABLES FL 33134		3, Date Formed or Registered 01/13/1984	01/13/1984 \$1,500.00 3a. Date of Last Report 01/17/1906		
CORAL GABLES FL 33134			3a. Date of Last Report 01/17/1996			
2. Mailing Address 70 Krongold and Toold, PH. 75 Krongold and Toold, Ph. Suite, Apt. #, etc. () Suite, Apt. #, etc. ()			5b. Amount of Capital Contributions in FLORIDA to date.			
Suite, Apt. #, etc. City & State	City & State		6. FEI Number 59-2277746		Applied For Not Applicable	
	Zip Country		7. Certificate of Status Desired \$8.75 Addition		\$8.75 Additional Fee Required	
Zip Country			8. Make check payable to Dopt. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office			
DAVIS, ELDA M % KRONGOLD & BASS		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
201 ALHAMBRA CIR., 8TH FLOOR CORAL GABLES FL 33134		Suite, Apt #, etc.				
	City		FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 6: for the purpose of changing its registered office or reg agent. Lem familiar with, and accept the obligations of	islored agent, or both, in the State of Florid		uthorized by its genoral partnor(s). I he	reby accept the		
A GENERAL PARTNER THAT IS	S A CORPORATION, LI BE REGISTERED AND	MITED PAR	TNERSHIP OR OTHE		NESS ENTITY	
11. Name(s) of Gonoral Parlner(s)	Address of Each General Partner 11a. (Do NOT Uso Post Office Box Numbers) 11		City, State & Zip Code	11c.	Registration/ Document Number	
LKB WAREHOUSE, INC.	201 ALHAMBRA CIRCLE C		ORAL GABLES FL	G	37359	
•			900002 -11/26 ****1	/9601	\$99—-1 032—015 ****138.75	
·				/9601	5991 032016 *****\$2.50	
					}	
Note:, General partners MAY NOT b	oe changed on this form;	an amendm	ent must be filed to ch	ange a g	eneral partner.	
12. I do heroby certify that the information supplied with this Corporations from any liability of non-compliance with Sc this annual report is true and accurate and that my signal empowered to execute his report symplored to chapter SIGNATURE	ection 119.07(3)(k) in the event that the infoli itura.shall have the same logal offeits as if	rmation supplied is dec made under oath, i furt	emed exempt from public access. I furt ther certily that I am a General Partner o	her certify that t of the limited pa	he information indicated on	
SIGNATURE _ ADLW M. WA	in, Pleidest		DATE	10/3/96		
Typed or Printed Name of General Partner Signing Form .	Ilda M. Davis Par			1/2/46 (3	20r)4463033	