

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**

98 DEC 26 PM 12:44

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1. Name of Limited Partnership	1a. DOCUMENT # A18067
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Mailing Address 4300 N.UNIVERSITY DR SUITE D103 LAUDERHILL FL 33351		Principal Office Address 4300 N.UNIVERSITY DR SUITE D103 LAUDERHILL FL 33351		3. Date Formed or Registered 10/16/1984	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/21/1997	
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 59-2489964	
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 MURPHY, WILLIAM M. 4300 N.UNIVERSITY DR SUITE D103 LAUDERHILL FL 33309	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)

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) SM CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4300 N.UNIVERSITY DR	11b. City, State & Zip Code LAUDERHILL FL 33351	11c. Registration/Document Number G99378
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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 *William M. Murphy*
Typed or Printed Name of General Partner Signing Form **William M. Murphy**

DATE **12/22/97**
Daytime Telephone Number **954 746-2221**

CP2E003 (6/97)