

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 FEB 23 PM 1:18



1. Name of Limited Partnership GENESIS LIMITED PARTNERSHIP	1a. DOCUMENT # A19720
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Mailing Address 169 E. FLAGLER ST., SUITE 1518 MIAMI FL 33131	Principal Office Address 169 E. FLAGLER ST., SUITE 1518 MIAMI FL 33131
2. Mailing Address 8000 NW 31 Street Suite, Apt. #, etc. Suite #9 City & State Miami, Florida Zip Country 33122 USA	2a. Principal Office Address 8000 NW 31 Street Suite, Apt. #, etc. Suite #9 City & State Miami, Florida Zip Country 33122 USA

3. Date Formed or Registered 04/15/1985	5a. Capital Contributions as Shown on record \$1,200,000.00
3a. Date of Last Report 10/27/1997	5b. Amount of Capital Contributions in FLORIDA to date \$249,971.
4. State or Country of Formation FL	6. FEI Number 59-2534191 <div style="float:right"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>
7. Certificate of Status Desired <input type="checkbox"/> \$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 GLINSKY, MICHAEL 169 E. FLAGLER ST., SUITE 1518 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align:right"> FL Zip Code </div>
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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) TEITELBAUM, WOLF FARNESI, LORI	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2655-LEJEUNE ROAD 8000 NW 31 Street #9 2655-LEJEUNE ROAD 8000 NW 31 Street #9	11b. City, State & Zip Code CORAL GABLES FL Miami, FL 33122 CORAL GABLES FL Miami, FL 33122	11c. Registration/Document Number 800002793608--9 -03/03/99--01062--019 *****26.25 *****26.25 3-1-99
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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 *Loris Farnesi*
 Typed or Printed Name of General Partner Signing Form **Loris Farnesi**

DATE **2-18-99**

Daytime Telephone Number **305-463-9788**

CR2E003 (12/98)