

LIMITED PARTNERSHIP

ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

92 DEC 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Make Checks Payable To: Department of State

1. Name and Mailing Address of Limited Partnership **DOCUMENT # A21443**
TRIVEST OF FLORIDA, LTD.
2865 S BAYSHORE DR STE 801
MIAMI FL 33133
CAR-RT SORT ** CR02

PHOTOUSE

2a. Enter Change of Mailing Address

City and State

Zip Code

2b. Enter Principal Place of Business

City and State

Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2a.

3. Date Registered to Do Business in Florida
12/10/1985

4. State or Country of Formation
FLORIDA

5a. Capital Contributions as Shown on Record:
\$72,855

5b. Amount of Capital Contributions in FLORIDA to date:
\$175,781.00

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$198.75 PURSUANT TO S.620.193, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1993 annual report with a check in U.S. funds and payable through a U.S. bank.

7. Federal Employer Identification Number **59-2614626**

FEI Number Applied For
 FEI Number Not Applicable

\$3.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

KLEIN PETER W.
2665 S. BAYSHORE DRIVE
8TH FLOOR
MIAMI, FL 33133-5401

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 8.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

FL

10. 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). 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

11. A GENERAL PARTNER THAT IS A CORPORATION OR LIMITED PARTNERSHIP MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Names of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	City and State	Corporate Document Number
TRIVEST, INC. (DELAWA	2665 S. BAYSHORE DR.	MIAMI, FLA.	P10197
			000002402570--2

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. A General Partner must sign and signature must be notarized with seal requirement.

2. I 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 or the receiver or trustee empowered to execute the report as required by chapter 620, Florida Statutes.

SIGNATURE DATE _____ Telephone Number **(305) 858-2200**

Name of General Partner Signing Form **Trivest, Inc.**, By: **Peter W. Klein, Managing Director**

FOR ME, this day personally appeared **Peter W. Klein** who being sworn deposes and says that the statements contained in the foregoing annual report are true and correct.

Person is personally known or provides the following identification:
I, **MARILYN D. KUFFNER**, Notary Public, State of **Florida**, do hereby certify that the foregoing statements are true and correct.
My Commission Expires **JUNE 29, 1994**
Date **December 19 92**
Notary Public Signature