

File Now! Due on or before January 1, 1998

LIMITED PARTNERSHIP ANNUAL REPORT 1989		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE

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 A21443 TRIVEST OF FLORIDA, LTD. 2665 S. BAYSHORE DR. SUITE 801 MIAMI, FLA. 33133		2. Enter Change of Address of Limited Partnership Mailing Address Principal Street Address City State Zip Code	
3. Date Registered in Do Business in Florida 12/10/1985		4. State or Country of Formation FLORIDA	
5a. Anticipated Capital Contributions as Shown on Record \$198.00		5b. Actual Amount of Capital Contributions: \$72,855.00	
6. Filing fee is \$4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than \$30.00 nor more than \$250.00. For questions concerning capital contributions or filing fees please call (800) 487-0056. Please submit your 1989 Annual Report with a remittance of U.S. Dollars payable at our State financial institution located in the U.S.			
6a. Name and Business Address of Each General Partner			
Names of General Partner(s) TRIVEST ASSOCIATES, INC. Trivest Associates, Inc. amended its Certificate of Incorporation to change its name to TRIVEST, INC. This amendment was filed with the Secretary of State of Delaware on 5/6/87	Address of Each General Partner(s) (Do NOT use Post Office Box Numbers) 2665 S. BAYSHORE DR. 801	City and State MIAMI, FLA.	

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

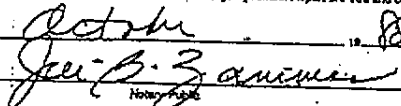
REGISTERED AGENT INFORMATION		OFFICE USE ONLY
7. Name and Address of Registered Agent Name CT CORPORATION SYSTEM Street Address (Do NOT Use P.O. Box Number) 8751 WEST BROWARD BLVD. Street Address (Do NOT Use P.O. Box Number) City and State PLANTATION, FL		Document Examiner Updater Filing Fee
Zip Code 3332400000		
Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.		

8. Signature 		Date 10-17-88
Typed Name of Signing General Partner Peter W. Klein	Title V2/Secretary of Trivest, Inc., a Delaware corporation	Telephone Number 305/858-2200

9. STATE OF **Florida** COUNTY OF **Dade**

BEFORE 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.

SWORN TO AND SUBSCRIBED before me this **17th** day of **October** 19 **88**

My commission expires **1988**

 Notary Public

NOTARY PUBLIC STATE OF FLORIDA
 MY COMMISSION EXPIRES 1988
 BONDED THRU GENERAL L&L, INC.