

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -6 PM 2:44

1. Name of Limited Partnership

1a. DOCUMENT #
A21811

LE JEUNE EXECUTIVE BUILDING, LTD.



Mailing Address

C/O ANN C. HARRIS, ESQ
2600 DOUGLAS ROAD, SUITE 501
CORAL GABLES FL 33134

Principal Office Address

351 N.W. LEJEUNE ROAD
MIAMI FL 33134

3. Date Formed or Registered

12/24/1985

5a. Capital Contributions as Shown on record

\$60.00

3a. Date of Last Report:

11/29/1995

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

2. Mailing Address

C/O ANA HARRIS, ESQ
200 S. BISCAYNE BLVD

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2350

City & State

City & State

MIAMI, FL

Zip

33131

6. FEI Number
59-2792058

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

HARRIS, ANN C ESQ
2600 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name
ANA C. HARRIS, ESQ C/O HISHAM, SLOTO
Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD
Suite, Apt. #, etc.
STE 2350
City
MIAMI FL Zip Code
33131

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) *[Signature]*

DATE *9/23/96*

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)

JORME CORPORATION

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~C/O DOUGLAS ROAD, SUITE 501~~
ANA C. HARRIS, ESQ
200 S. BISCAYNE BLVD
STE 2350

11b. City, State & Zip Code

~~CORAL GABLES FL 33134~~
MIAMI, FL 33131

11c. Registration/Document Number

612130

400002010064-6
-11/20/95-10098-000
191.25.191.25
MIAMI

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 *[Signature]*

DATE *9-23-96*

Typed or Printed Name of General Partner Signing Form

FREDERICK NIN, M.D.

Daytime Telephone Number

CR2E003 (6/96)