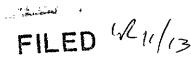
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham



1999		Secretary		le l	FILE		113		
	WE WE TO		DIVISION OF CORPORATIONS		98 NOV 10 PM	1:31			
1. Name of Limited Partnership	1a. A2	1a. DOCUMENT # <b>A23095</b>			SECRETARY OF STATE TALLAHASSEE FLORIDA				
79TH STREET FARMERS'									
Mailing Address	Principal Off	Principal Office Address			3. Date Formed or Registered	5a. Capit	al Contributions as n on record.		
3015 N.W. 79TH STREET MIAMI FL 33147		3015 N.W. 79TH STREET MIAMI FL 33147			08/21/1986 <b>3a.</b> Date of Last Report  12/29/1997	\$500.00  5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Princi	2a. Principal Office Address			4. State or Country of Formation	to date:			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number Applied For S9-2725570 Not Applicable				
City & State  Zip Country	Zip	City & State  Zip Country			7. Certificate of Status Desired		\$8.75 Additiona Fee Required	1	
					8. Make check payable to: Dept. of	State (See reve	rse side for fee informa	ation)	
9. Name and Address of	of Current Registered Agen	t			10. If changed, new Registered	i Agent/Office			
PERLMAN, ALAN J ESQ.			Name						
C/O SCHANTZ, SCHATZMAN & AAI	RONSON, P.A.		Street Addres	reet Address (P.O. Box Number Is Not Acceptable)					
200 SOUTH BISCAYNE BLVD., SUIT			Suite, Apt. #,	615 2 1	W-79-STREET	••			
MIAMI FL 33131			City FL Zp Code						
10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the or	0.1051 and 620 192. Florida office or registered agent, or obligations of sertion 620.192	Statutes, the above-named both, in the State of Florid Florida Statutes.		IAMT ship organi was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	<del>-</del>	a, submits this stateme pointment of registered	ent d	
SIGNATURE (Registered Agent Accepting Appointr	ment)	4V/\			DATE 11-06-98				
A GENERAL PARTNER T	THAT IS A COR	PORATION, L ISTERED ANI	IMITED I	PART E WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSII	NESS ENTIT	ſΥ	
11. Name(s) of General Partner(s)	11a. <sub>(De</sub>	Address of Each General NOT Use Post Office Box		11b.	City, State & Zip Code	11c.	Registration/ Document Number		
79TH ST FARMERS ASSOCIATES	3015 1	3015 N.W. 79TH STREET		MIAMI FL 33147		S43719		) CR2E003 (8/98)	
			1.17/4.00		600002 -11/17 ****1	/9801	366 064001 ****141.29		
Note: General partners MAY	NOT be change	ed on this form	; an ame	ndmer	nt must be filed to cha	inge a ge	eneral partne	r.	
12. I do hereby certify that the information supplice Corporations from any liability of non-complications and the component of the supplied of the control	iad with this films is whitestori	ly furnished and does not a	unalify for the av	amatian et	ated in Section 110 07/3/// Florida St	abiter I releas	e the Division of information indicated o ership, receiver or trus	$\neg$	

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Typed or Printed Name of General Partner Signing Form <u>ETTTE STUDNIK</u> Daytime Tetephone Number 305 836 3677