FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Emitted Partnership

1a. A 2349 7

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 15 AM 10: 01

		ship			
Mailing Address 343 El Bravo W Palm Beach, FL	•	El Bravo Way	3. Date Formed or Registered 10/28/86 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$250,000	
Faim Beach, Fi	33400 Pal	m Beach, FL 33	6/4/97 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal	Ollice Address	USA	\$250,000	
Suite, Apt. #, etc.	Suite, Apt. #. e	Suite, Apt. #, etc.		Applied For	
City & State	Cily & State		06-1186176 7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Zφ	Country		\$8.75 Additional Fee Required of State (See reverse side for fee information	
9, Name and Ac	dress of Current Registered Agent		10. If changed, new Registered Agent/Office		
343 E1 Bravo Palm Beach,	FL 33480	Suite, Apt #, ε		4/98-01117-026 \$35.00 ****\$35.00 FL ZpCode	
for the purpose of changing its re	tions 620 1051 and 620,192. Forida Stati spiritated office or registered agent, or be replithe obligations of section 620 192, f	thein the State of Floridal Such change	thip organized or registered under the laws of a was authorized by its general partner(s). The	the State of Florida, submits this statement reby accept the appointment of registered	
for the purpose of changing its re- agont. Lam familiar with, and acc SIGNATURE (Rogistored Agent Accepting	spatered office or registered agent, or be out the obligations of section 620-192, for participations of section 620-192, for participation 620-192, for participati	ith in the State of Florida. Such change lorida Statutes	e was authorized by its general partner(s). The	reby accept the appointment of registered	
for the purpose of changing its re- agent. Lam familiar with, and acc SIGNATURE (Registered Agent Accepting	spalence office or registered agent, or be central the obligations of section 620-192, for population of the obligations of section 620-192, for population of the obligation	ith in the State of Florida. Such change for ida Statutes DRATION, LIMITED F	PARTNERSHIP OR OTHE	reby accept the appointment of registered	
for the purpose of changing its re- agont. I am familiar with, and acc SIGNATURE (Registered Agent Accepting	spilate of the or registered agent, or be replished of Section 620-192, for participations of Section 620-192, for participation 620-192, for	nth in the State of Florida Such change onda Statutes DRATION, LIMITED F TERED AND ACTIVE	e was authorized by its general partner(s). The	reby accept the appointment of registered	

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 decemed 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 each. I further certify that the first particular indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under each. I further certify that the information supplied is decemed exempt from public access. If there exist the first particular indicated on the same legal effects as if made under each. I further certify that the information supplied is decemed exempt.

Daytime Telephone Numbe