

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

90 APR -9 AM 9:32



<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A26609</b>
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**BPI TIVOLI, LTD.**

<b>Mailing Address</b> 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431		<b>Principal Office Address</b> 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431		<b>3. Date Formed or Registered</b> 06/17/1988	<b>5a. Capital Contributions as Shown on record.</b>  \$675,990.00
<b>2. Mailing Address</b> 2300 Glades Road Suite, Apt. #, etc. 100E City & State Boca Raton, FL Zip Country 33431 USA		<b>2a. Principal Office Address</b> 2300 Glades Road Suite, Apt. #, etc. 100E City & State Boca Raton, FL Zip Country 33431 USA		<b>3a. Date of Last Report</b> 01/10/1997	
				<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
				<b>6. FEI Number</b> 65-0061161	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>7. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b>  KATZ, STANLEY M. 2 NORTH BREAKERS ROW PALM BCH. FL 33480	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL
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**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)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>  STANLEY RICHARD GROUP, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <del>1800 GLADES ROAD, #40</del> 2300 Glades Road, 100E	<b>11b. City, State &amp; Zip Code</b>  BOCA RATON FL 33431	<b>11c. Registration/Document Number</b>  K36399
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**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

DATE 2-18-98

Typed or Printed Name of General Partner Signing Form

Stanley M. Katz

Daytime Telephone Number

561 392 6662

CR2E003 (1-2-97)