



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 15 PM 4:19 SECRETARY OF STATE 	
1. Name of Limited Partnership N.J. GOLDMEIER LTD.		1a. DOCUMENT # A28048		3. Date Formed or Registered 03/14/1989 3a. Date of Last Report 11/24/1997 4. State or Country of Formation FL 6. FEI Number 58-1833323 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
Mailing Address P.O. BOX 1765 PARAMUS NJ 07652		Principal Office Address MACK CENTRE VI. PO BOX 1765 61 S. PARAMUS ROAD PARAMUS NJ 07652			
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country			
5a. Capital Contributions as Shown on record \$8.00		5b. Amount of Capital Contributions in FLORIDA to date:			
9. Name and Address of Current Registered Agent GOLDMEIER, BARRY S 1840 CORAL WAY STE. 201 MIAMI FL 33145				10. If changed, new Registered Agent/Office Name Barry S. Goldmeier Street Address (P.O. Box Number Is Not Acceptable) 1000 Mariner Drive Suite, Apt. #, etc. City Key Biscayne FL Zip Code 33149	
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.					
11. Name(s) of General Partner(s) GOLDMEIER (N.J.) CORP.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) MACK CENTRE VI 61 S.		11b. City, State & Zip Code PARAMUS NJ 07652	
11c. Registration/Document Number K72512		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.			
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 <i>Barry S. Goldmeier</i> , Pres. Goldmeier (NJ) Corp. DATE 3/12/99 Typed or Printed Name of General Partner Signing Form Lee S. Goldmeier Daytime Telephone Number 201-845-7020					

CR2E003 (12/98)