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

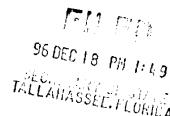
LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS



1997 **DOCUMENT #** 1. Name of Limited Partnership A29478 B & D INVESTMENTS GROUP, LTD. 5a. Capital Contributions as Shown on record 3. Date Formed or Registered Principal Office Address Mailing Address 01/08/1990 **\* UFTER ENTERPRISES % LIFTER ENTERPRISES** \$250,000.00 PO BOX 694645 18425 NW 2 AVE., #305 3a. Date of Last Report MIAMI FL 33269-1645 MIAMI FL 33169 12/26/1995 **5b.** Amount of Capital Contributions in FLORIDA to date 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL 6. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-1346262 Not Applicable City & State City & State \$8.75 Additional Fee Required 7. Certificate of Status Desired Ζıρ Country Zip Country 8. Make check payable to Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name LIFTER, BENNETT M. Street Address (P.O. Box Number Is Not Acceptable) 18425 NW 2ND AVE., #305 MIAMI FL 33169 Suite, Apt #, etc City Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 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. Lam familiar with, and accept the obligations of section 620, 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) \_ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. Registration/ 11. Name(s) of General Partner(s) City, State & Zip Code 11c. Document Number LIFTER, BENNETT M 18425 NW 2 AVE., #305 MIAMI FL 33169 100002040921--4 -12/30/96--01032--014 \*\*\*\*585.00 \*\*\*\*585.00

## 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 trusted
	empowered to execute this report as required by chapter 620. Florida Statutes

SIGNATURE	
Typed or Printed Name of General Partne	r Signing Form

Bennet M. Type

.. DATE \_.. .. ...

Daytime Telephone Number \_

CR2E003 (6/96)