

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 23 PM 3:48

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

1. Name of Limited Partnership	1a. DOCUMENT # A30207
--------------------------------	--------------------------

EMD ASSOCIATES, LTD.

Mailing Address 200 S. BISCAYNE BLVD. #2000 MIAMI FL 33131	Principal Office Address 200 S. BISCAYNE BLVD. #2000 MIAMI FL 33131
------------------------------------------------------------------	---------------------------------------------------------------------------

2. Mailing Address	2a. Principal Office Address
--------------------	------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip Country	Zip Country
-------------	-------------

3. Date Formed or Registered 06/15/1990	5a. Capital Contributions as Shown on record. \$593,940.91
3a. Date of Last Report 12/11/1995	5b. Amount of Capital Contributions in FLORIDA to date 593,940.91
4. State or Country of Formation FL	
6. FEI Number 65-0198597	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent LEWIS, EDGAR 200 S. BISCAYNE BLVD. #2000 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 200002042652--2 Suite, Apt. #, etc. -12/31/96--01086--020 City ****576.25 FL Zip Code
------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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) EMD ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 200 S. BISCAYNE BLVD. # 2000	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/ Document Number L80763
-----------------------------------------------------------	--------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------

**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.

EMD ASSOCIATES, LTD. BY: EMD ASSOCIATES, INC., its General Partner

SIGNATURE By: \_\_\_\_\_ DATE 12-19-96

Typed or Printed Name of General Partner Signing Form Edgar Lewis, President Daytime Telephone Number (305) 358-7605

CR2E003 (6/96)