

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 10 1997 8:00 am**  
**Secretary of State**

1. Name of Limited Partnership		1a. DOCUMENT # <b>A31826</b>		
THE ROSEN FAMILY LIMITED PARTNERSHIP				
Mailing Address <b>136 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33435</b>		Principal Office Address <b>136 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33435</b>		
2. Mailing Address		2a. Principal Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3. Date Formed or Registered <b>07/29/1991</b>
City & State		City & State		3a. Date of Last Report <b>12/16/1995</b>
Zip		Country		4. State or Country of Formation <b>FL</b>
				5a. Capital Contributions as Shown on record <b>\$570,240.00</b>
				5b. Amount of Capital Contributions in FLORIDA to date: <b>570,240</b>
				6. FEI Number <b>65-0281030</b> <input type="checkbox"/> Applied For <input checked="" 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		10. If changed, new Registered Agent/Office	
<b>HORWITZ, WAYNE</b> <b>3511 WEST COMMERCIAL BOULEVARD</b> <b>SUITE 402</b> <b>FORT LAUDERDALE FL 33309</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>100002144971--4</b>	
		Suite, Apt. #, etc. <b>-04/16/97--01061--012</b>	
		City <b>****541.25 ****541.25</b> <b>FL</b>	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ROSEN, GREGG M.	136 W BOYNTON BEACH B	BOYNTON BEACH FL	

**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   
Typed or Printed Name of General Partner Signing Form **GREGG M ROSEN** Daytime Telephone Number **561 844-6902**

CR2E003 (11/96)