FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A31826

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 19 AM 11: 00



PARTNERSHIP			
Principal Office Address DYNTON BEACH BOULEVARD FACH FL 33435 Principal Office Address 136 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33435		3. Date Formed or Registered 07/29/1991 3a. Date of Last Report	58. Capital Contributions as Shown on record.
28. Principal Office Addross		04/10/1997 4. Stale or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		FL 6. FEI Number 65-0281030	Applied For
Zip Country		7. Certificate of Status Dosired	Not Applicable \$8.75 Additional Fee Required # State (See reverse side for fee information
ent Registered Agent			
or registered agont, or both, in the State of Fons of section 20 192, Florida Statutes.	Suito, Apt. #, City Manual limited partner torida Such chang	Northlam Pankury etc. Scile 330 Stofam Beach ship organized or registered under the laws of the was authorized by its general partner(s). I have provided the partner of th	reby accept the appointment of registered
Address of Each Gene	oral Partner	· · · · · · · · · · · · · · · · · · ·	11c. Registration/ Document Number
136 W BOYNTON BEAC	ж в	BOYNTON BEACH FL	
	136 WEST BOYNTON BEACH B BOYNTON BEACH FL 33435 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Int Registered Agent TIS A CORPORATION, ST BE REGISTERED Al Address of Each Gent 118. (Do NOT Uso Post Office)	136 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33435 28. Principal Office Address Suite, Apt. #, etc. City & Stato Zip Country Int Registered Agent Name Street Address Suite, Apt. #, City City Suite, Apt. #, City T IS A CORPORATION, LIMITED ST BE REGISTERED AND ACTIV	136 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33435 28. Principal Office Addross Suite, Apt. #, etc. City & State Zip Country 10. If changed, new Register Name Name Street Address (P.O. Box Number is Not Agreptable) Suite, Apt. #, etc. City & Status Desired 10. If changed, new Register Name Street Address (P.O. Box Number is Not Agreptable) Suite, Apt. #, etc. City Suite, Apt. #, etc. Street Address (P.O. Box Number is Not Agreptable) Suite, Apt. #, etc. 118. A CORPORATION, LIMITED PARTNERSHIP OR OTHER THE REGISTERED AND ACTIVE WITH THIS OFFICE. 118. Address of Each General Partner Too NOT Uso Post Office Box Numbers) 11b. City, State & 7/p Code

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. Frelease 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. If unifer certify that the information indicated on this annual report is true and accyrate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee employered to execute this report is required by chapter 620, Florida Statutes

DATE _ 11-17-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number _