
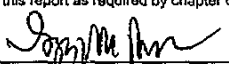


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 NOV 18 AM 11:54 #11/20	
1. Name of Limited Partnership THE ROSEN FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A31826			
Mailing Address 186 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33435		Principal Office Address 186 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33435		3. Date Formed or Registered 07/29/1991	
2. Mailing Address C/O Debra A Erickson PA Suite, Apt. #, etc. 8819 North Virginia Ave City & State West Palm Beach, FL Zip Country 33418 Palm Beach		2a. Principal Office Address c/o Debra A. Erickson PA Suite, Apt. #, etc. 8819 North Virginia Ave City & State West Palm Beach, FL Zip Country 33418 Palm Beach		3a. Date of Last Report 11/19/1997	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$570,240.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 65-0281030 <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 SINGER, MICHAEL S. 701 NORTHPOINT PARKWAY, SUITE 330 WEST PALM BEACH FL 33407				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code 300002694993--0 -11/24/98--01024--018 ***526.25 ***526.25 FL	
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	
ROSEN, GREGG M.		136 W BOYNTON BEACH B		BOYNTON BEACH FL	
				11c. Registration/Document Number	
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  Director, General Partner DATE 11/16/98					
Typed or Printed Name of General Partner Signing Form General Partner Daytime Telephone Number (561) 844-6900					
Gregg M. Rosen x222					

CR2E003 (8/98)