## FRE 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 #** Ä33322

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Mailing Address Principal Office O		. 10000			
#### ### ### #### ####################	A.V. PARTNERS, LTD.				111 HT 1111 HAH 1401 HAH 1111 HAH 1101 HA
MIANI BEACH FL 33140  MIANI BEACH FL 33140  28. Principal Office Address  28. Principal Office Address  28. Principal Office Address  Sulta, Apt. #, etc.  Sulta, Apt. #, etc.  Sulta, Apt. #, etc.  City & State  To Country  P. Name and Address of Current Registered Agent  P. Name and Address of Current Registered Agent  DUNAEVSKY, DOR 3311 COUNS AVE  MIANI BEACH FL 33140  DONAEVSKY, DOR 3311 COUNS AVE  MIANI BEACH FL 33140  To Repear to the provisions of sections 620 102. Florida Statutes, the above named after the provisions of sections 620 102. Florida Statutes, the above named after the provisions of sections 620 102. Florida Statutes, the above named arrived partnership organized or registered under the lates of the State of Fordina statement for the provisions of sections 620 102. Florida States  SIGNATURE (Registrated Agent Accepting Agent to obtain a registered a section 620 102. Florida States  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(a)  11. Name(a) of General Partner(a)  11. Name(a) of General Partner(a)  11. LINCOLN RD., STE.  MIAMI BEACH FL 33139  V38711	Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
2. Malling Address  2. Malling Address  2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Tourity  Touri					\$1,655,280.00
2. Malling Address  28. Principal Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Registered Agent Collection of State (See reverse aske for for information of the Registered Agent Collection of State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State of Country State (See reverse aske for for information of the Purpose of the State (See reverse aske for for information of the Purpose of the State (See reverse aske for for information of the Purpose of State (See reverse aske for for information of the Purpose of State (See reverse aske for for information of the Purpose of State (See reverse aske for for information of the State (See reverse aske for for information of the State (See reverse aske for for information of the State (See reverse aske for for inf					5b. Amount of Capital Contributions in FLORIDA
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Malling Address	2a. Principal Office Address			to date:
City & State  City & State  City & State  City & State  Country  City & State  Country  Count	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
Zip Country  Zip Country  8. Make check psystie 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  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 4, etc.  City  FL  Zip Code  Too 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). Thereby accept the apportinent of registered agent, it am 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.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  (po NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Decument Number  ATLANTIC GROUP, INC.  111 LINCOLN RD., STE.  MIAMI BEACH FL 33139  V38711	City & State	City & State			Not Applicable
9, Name and Address of Current Registered Agent  DUNAEVSKY, DOR 3811 COUINS AVE MIAMI BEACH FL 33140  Siteol Acdress (P.O. Box Number is Not Acceptable)  Sule, Apr. #, etc.  City FL  Zip Code  To the provisions of sections \$20.1051 and \$20.192, Florida Statutes, the above-named imited partnership organized or registered under the laws of the State of Florida, Submits this statement for the purpose of changing its registered dignet, 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 \$20.192, Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AD ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  Address of Sach General Partners  11b. City, State & Zip Code  11c. Registration/Document Number  ATLANTIC GROUP, INC.  111 LINCOLN RD., STE.  MIAMI BEACH FL 33139  V38711	Zip Country	Zip Co	ountry		
DUNAEVSKY, DOR 3811 COUINS AVE MIAMI BEACH FL 33140  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, etc.  City  FL  Zip Code  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, 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.  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  11d. City State & Zip Code  11c. Progration/ Document Number  11d. City State & Zip Code  11c. Progration/ Document Number  11d. City State & Zip Code  11c. Progration/ Document Number  11d. City State & Zip Code  11d. State & Zip				8. Make check payable to: Dept. of	State (See reverse side for fee information
DUNAEVSKY, DOR 3811 COUINS AVE MIAMI BEACH FL 33140  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code  10a. Pursuant to the provisions of sections 620.1051 and 620 192, Florida Statutes, the above-named kimited partnership organized or registered under the laws of the State of Fonda, submits this statemen for the purpose of changing its registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fonda, Such change was authorized by its general partner(s). In the State of Fonda, Such change was authorized by its general partner(s). In the State of Fonda, Such change was authorized by its general partner(s). In the State of Fonda, Such change was authorized by its general partner(s). In the State of Fonda, Such	9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 4, etc.  City FL  Zip Code  Total Pursuant to the provisions of sections 820, 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)  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. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registrator/ Document Number  ATLANTIC GROUP, INC.  111 LINCOLN RD., STE.  MIAMI BEACH FL 33139  V38711	3611 COUINS AVE		Name		
MIAMI BEACH FL 33140  Sulte, Apt. #, etc.  City  FL  Zip Code  Total Partnership organized or registered under the laws of the State of Florida, submits this statemen for the purpose of changing its 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)  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. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registrator/ Document Number  ATLANTIC GROUP, INC.  111 LINCOLN RD., STE.  MIAMI BEACH FL 33139  V38711			Street Address (P.O. Box Number Is Not Acceptable)		
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 statemen for the purpose of changing its registered diffice 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, and 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.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (b) I1a. Address of Each General Partner (c) NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registrator/Document Number  11d. City State & Zip Code  11d. Pegistrator/Document Number  11d. Name(s) of General Partner(s)  11d. UNCOLN RD., STE.			Suite, Apt. #, etc.		
10a. Pursuant to the provisions of sections 620.1051 and		City		FI Zip Code	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(b)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City. State & Zip Code  11c. Registration/ Document Number  11l LINCOLN RD., STE.  MIAMI BEACH FL 33139  V38711  1100002403511—4 -01/16/98—01098—023 *****541.25	for the purpose of changing its registered off	fice or registered agent, or both, in the State of Florida	mited partnership a. Such change wa	organized or registered under the laws of this authorized by its general partner(s). I here	e State of Florida, submits this statement by accept the appointment of registered
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (bo NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  11l LINCOLN RD., STE.  MIAMI BEACH FL 33139  V38711  1000024035114 -01/16/9801098023 *****541.25					
ATLANTIC GROUP, INC.  111 LINCOLN RD., STE.  MIAMI BEACH FL 33139  1000024  -01/16/9801098023  *****541.25	A GENERAL PARTNER TH	UST BE REGISTERED AND	ACTIVE V	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY
1000024035114 -01/16/9801098023 ****541.25 *****541.25	11. Name(s) of General Partner(s)	11a. Address of Each General Po (Do NOT Use Post Office Box N	arlner lumbers)	City, State & Zip Code	
-01/16/9801098023 ****541.25 ****\$41.2S	ATLANTIC GROUP, INC.	111 LINCOLN RD., STE.	h	MIAMI BEACH FL 33139	V38711
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				-01/16/	'9801098023
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.	\				
	Note: General partners MAY N	NOT be changed on this form;	an amendr	nent must be filed to cha	nge a general partner.

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

DOV DUNATUSKY

empowered to execute this report as required by mapter 620, Florida Statutes