WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE FILED FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra Mortham ANNUAL REPORT 97 APR -7 AH 8: 45 Secretary of State 1997 **DIVISION OF CORPORATIONS** SECRETARY OF STATE ALLAHASSEE FLORIDA DOCUMENT # 1a. 1. Name of Limited Partnership A33457 SR HOLDINGS, LTD. DO NOT WRITE IN THIS SPACE New Mailing Address, Il Applicable 3400 NE 34th Street Suite, Apt. #, etc. Sprite 101 Mailing Address Principal Office Address 2900 North Military Trail 2900 North Military Trail City State & Zip Ft. Lauderdale, FI, 33308 Suite 201 South Suite 201 South Boca Raton, FL 33431 Boca Raton, FL 33431 lew Principal Office Address, II Applicable 400 NE 34th Street Apt #, etc. Suite If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a Date Formed or Registered to Do Business in FLORIDA 3a. Date of Last Report 11/33/95 11/14/95 4. State or Country of Formation City, State & Zip 9/23/92 Lauderdale, FL 33308 5a. Capital Contributions as Shown on Record: Amount of Capital Contributions in FLORIDA to date: 6. FEI Number 7. CERTIFICATE OF STATUS REQUIRED Applied For Not Applicable \$52,675**.**00 <u>65-0364510</u> \$472.48 8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a If 5b blank, with a minimum filing fee of \$52,50 and a maximum of \$437.50 Supplemental Fee: \$138.75 (pursuant to section 607.183, F.S.) THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75) OP V8.77 If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE. 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent Richter, Sam 3400 NE 34th Street Street Address (P.O. Box Number Is Not Acceptable) Suite 101 Suite, Apt. #, etc. Ft. Lauderdale, FL 33308 City Zip Code 10a. Pursuant to the provisions of aections 620,1051 and 620,192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submitts 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 Registration/ Document Numbe Address of Each General Partner Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. 11a. (Do NOT Use Post Office Box Numbers CR2E003 (6/95) WESTMOUNT INVESTMENTS CORP. 3400 NE 34th Street Ft. Lauderdale, FL 3330B 665785 #101 9000021|39349---04/10/97--01073--001 ****541.25 ****541.25

Note:\General partners MAY/NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling 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 the polytopic polytopic countries and 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 intuiting signature shall have the same legal effects as if made under ceth. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as countries by chapter 620, Florida Statutes.

WESTMOUND ANNUESTMENTS CORP.

SIGNATURE By:

Typed or Printed Name of General Partner Signing Form

11.

Sam Richter, President

Telephone Number (954) 568-4118

4/7/97