

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  KRIEFF MANUSCRIPT, LTD.	1a. DOCUMENT # A33548  an-AR cm
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Mailing Address <del>9858 SHERIDAN STREET</del> HOLLYWOOD FL 33021	Principal Office Address <del>9858 SHERIDAN STREET</del> HOLLYWOOD FL 33021	3. Date Formed or Registered 10/16/1992	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address 3990 N. 32nd Terrace Suite, Apt. #, etc.	2a. Principal Office Address 3990 N. 32nd Terrace Suite, Apt. #, etc.	3a. Date of Last Report 10/09/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$1430.00
City & State Hollywood, Florida	City & State Hollywood, Florida	4. State or Country of Formation FL	6. FEI Number 65-0364975 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33021 Country USA	Zip 33021 Country USA	7. Certificate of Status Desired <input checked="" 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 KRIEFF MANUSCRIPT, INC. <del>9858 SHERIDAN STREET</del> HOLLYWOOD FL 33021	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 3990 N. 32nd Terrace Suite, Apt. #, etc. City Hollywood FL Zip Code 33021
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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) KRIEFF MANUSCRIPT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <del>9858 SHERIDAN STREET</del> 3990 N. 32 Terrace	11b. City, State & Zip Code HOLLYWOOD FL 33021	11c. Registration/ Document Number V71154  500002000135--5 -11/08/96--01028--006 ****208.75 ****208.75
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**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

*Beth Krieff*

DATE

10/28/96

Typed or Printed Name of General Partner Signing Form

Beth Krieff, Pres. Krieff Manuscript, Inc.

Daytime Telephone Number 954-987-9973