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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT

• Name of Emine Craumannp	A9300000114				
IBC BUILDING, LTD.					
Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
790 W. MCNAB RD. FT. LAUDERDALE FL 33309	730 W. MCNAB RD. FT. LAUDERDALE FL 33309		01/21/1993 3a. Date of Lest Report 10/20/1997	\$400.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	io cigire.	
Suite, Apt. #, etc. City & State	Sulte, Apt. #, etc. City & State		6. FEI Number 65-0385244	Applied For Not Applicable	
•			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Cour	itry	8. Make check payable to: Dept. of S	Rate (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				Agent/Office FF # 141.26	
848 BRICKELL AVENUE, STE. 200					
		reet Address (P.O. Box Number Is Not Acceptable)			
MIAMI FL 33131	Sulte, Apt. #, etc.				
	Cit	у	·····	FL Zip Code	
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_	Marie Comment of the	
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 Partr (Do NOT Use Post Office Box Num	hbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
ELLMAN ENDERDRISCHING.	7 80 W. MCNAB RD .	Fī,	LAUDERDALE FL-333	-P213 49→	
anunament filed 9-25-98 Ellman Consulting, Inc.	730 W. Menab Rd.	FA	Lauderdak, H. 33		
			9 000026 -09/25/ ****14	5 49798 5 9801027005 1,25 *****141.25	
*				Park	

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 ampowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE _

Typed or Printed Name of General Partner Signing Form

DATE_

Daytime Telephone Number