FILE 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

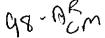
Sandra B. Mortham

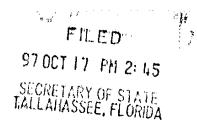
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A9300000164

SMITH FAMILY INVESTMENTS LTD







failing Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
317 N. RIO VISTA BOULEVARD ORT LAUDERDALE FL 33316	1625 S.E. 3RD AVENUE. SUITE 700 FORT LAUDERDALE FL 33316		02/12/1993 3a. Date of Last Report	\$3,000.00	
			12/13/1996	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	1 -	00000
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0380521		Applied For
City & State	City & State		7. Certificate of Status Dosired		Not Applicable \$8.75 Additional
Zip Country	Zip Coun	у	8, Make check payable to: Dept. of	State (See rev	Fee Required erse side for fee informat
9. Name and Address of Current Registered Agent			10. If changed, new Registere	ed Agent/Office	
SMITH, LEROY A M.D. 1625 S.E. 3RD AVENUE, SUITE 700		Name			
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
FT LAUDERDALE FL 33316	City	, Apr. #, etc.			
	of and 620,192, Florida Statutes, the above-named limite to registered agent, or both, in the State of Florida. Su				
for the purpose of changing its registered of his agent. I am familiar with, and accept the oblig GIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA	of and 620.192, Florida Statutes, the above-named limite to or registered agent, or both, in the State of Florida. Su ations of section 620.192, Florida Statutes.	th change was a	uthorized by its general partner(s). I her DATE TNERSHIP OR OTHE	he State of Flor eby accept the	ida, submits this stateme appointment of register
for the purpose of changing its registered of he agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THAT MU	of and 620.192, Florida Statutes, the above-named limite the or registered agent, or both, in the State of Florida. Su ations of section 620.192, Florida Statutes.	ED PAR	uthorized by its general partner(s). I her DATE TNERSHIP OR OTHE	he State of Flor eby accept the	ida, submits this stateme appointment of register
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Typed or Printed Name of General Partner Signing Form LeRoy A. Smith, M.D. Daytime Telephone Number 954-522-1982