## 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

Name of Limited Partnership

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DOCUMENT # A93000001164

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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|--|--|--|--|--|
| Mailing Address  | Principal Office Address   |  | 3. Dale Formed or Registered   | <b>5a.</b> Capital Contributions as Shown on record.                                   |
| 5310 N.W. 33RD AVE., SUITE 219   | 5310 N.W. 33RD AVE., SUITE 2   | 219  | 11/10/1993   | <b>*00.00</b>  |
| FT. LAUDERDALE FL 33309  | FT. LAUDERDALE FL 33309  |  | 3a. Date of Last Report  | \$99.00  |
|  |  |  | 12/13/1996   | 5b. Amount of Capital<br>Contributions in FLORIDA                                      |
| 2. Malling Address   | 28. Principal Office Address   |  | 4. State or Country of Formation   | to date:   |
| Sulte, Apt. #, etc.  | Suite, Apt. #, etc.  |  | 6. FEI Number  | fr.  |
| City & State   | City & State   | City & State                                       |  | Applied For Not Applicable   |
|  |  |  | 7. Certificate of Status Desired   | \$8.75 Additional  |
| Zip Country  | Zip  | Country  | 8. Make check payable to: Dept. of   | Fee Required  State (See reverse side for fee informat                                 |
|  |  |  | O. Water officer payable to. Dopt. of  | Cide (Coo Tovo So Soo Tot Too Informati  |
| 9. Name and Address of Current Registered Agent  |  | 10. If changed, new Registered Agent/Office        |  |  |
| BARBER, KENNETH T<br>5310 N.W. 33RD AVE., STE. 219<br>FT. LAUDERDALE FL 33309  |  | Namo   |  |  |
|  |  | Street Address (P.O. Box Number Is Not Acceptable) |  |  |
|  |  | Suile, Apt. #, elc.                                |  |  |
|  |  | City Zip Code                                      |  |  |
|  |  | 3.7  |  | FL   The same  |
| for the purpose of changing its registered of  | 051 and 620.192, Florida Statutes, the above-na<br>flice or registered agent, or both, in the State of I   | imed limited partriers<br>Florida, Such change     | hip organized or registered under the laws of t<br>a was authorized by its general partner(s). I her | ne State of Florida, submits this statement<br>eby accept the appointment of registere |
| for the purpose of changing its registered of<br>agent. I am familiar with, and accept the oblin<br>GONATURE (Registered Agent Accepting Appointment<br>A GENERAL PARTNER TH   | flice or registered agent, or both, in the State of I<br>igations of section 620, 192, Florida Statutes.<br>ont)                                 | Florida. Such change , LIMITED F                   | p was authorized by its general partner(s). I her  DATE  PARTNERSHIP OR OTHE                         | eby accept the appointment of registere  |
| for the purpose of changing its registered of agent. I am familiar with, and accept the obling AGENERAL PARTNER THE  | flice or registered agent, or both, in the State of I<br>ligations of section 620.192, Florida Statutes.<br>ent)                                 | Florida. Such change  LIMITED F  ND ACTIVE         | p was authorized by its general partner(s). I her  DATE  PARTNERSHIP OR OTHE                         | eby accept the appointment of registere  |
| for the purpose of changing its registered of agent. I am familiar with, and accept the obling MATURE (Registered Agent Accepting Appointment of AGENERAL PARTNER THE MATURE AGENERAL PARTNER THE MATURE AGENERAL PARTNER TH | flice or registered agent, or both, in the State of I (gations of section 620.192, Florida Statutes.  IAT IS A CORPORATION, IUST BE REGISTERED A | Florida. Such change  LIMITED F  ND ACTIVE         | DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE.   | R BUSINESS ENTITY  |
| for the purpose of changing its registered of agent. I am familiar with, and accept the obling Agent Accepting Appointment A GENERAL PARTNER THE MILLIAM Name(s) of General Partner(s)                                       | ont)  HAT IS A CORPORATION,  SUST BE REGISTERED A  Address of Each Gon  11a. (Do NOT Use Post Office   | Florida. Such change  LIMITED F  ND ACTIVE         | DATE PARTNERSHIP OR OTHE WITH THIS OFFICE.  11b. City, State & Zip Code  FT. LAUDERDALE FL 333       | R BUSINESS ENTITY  11c. Registration/ Document Number                                  |
| for the purpose of changing its registered of agent. I am familiar with, and accept the obling Agent Accepting Appointment A GENERAL PARTNER THE MILLIAM Name(s) of General Partner(s)                                       | ont)  HAT IS A CORPORATION,  SUST BE REGISTERED A  Address of Each Gon  11a. (Do NOT Use Post Office   | Florida. Such change  LIMITED F  ND ACTIVE         | DATE PARTNERSHIP OR OTHE WITH THIS OFFICE.  11b. City, State & Zip Code  FT. LAUDERDALE FL 333       | R BUSINESS ENTITY  11c. Registration/Document Number  P93000069536                     |
| for the purpose of changing its registered of agent. I am familiar with, and accept the obling Appointment of the AGENERAL PARTNER THE MILES OF General Partner(s)   | ont)  HAT IS A CORPORATION,  SUST BE REGISTERED A  Address of Each Gon  11a. (Do NOT Use Post Office   | Florida. Such change  LIMITED F  ND ACTIVE         | DATE PARTNERSHIP OR OTHE WITH THIS OFFICE.  11b. City, State & Zip Code  FT. LAUDERDALE FL 333       | R BUSINESS ENTITY  11c. Registration/ Document Number  P93000069536                    |

I de 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 Conforations from any liability of non-compliand, 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 innual report is true and occurate and fraging signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

**SIGNATURE** 

DATE 14/0/97

Typed or Printed Name of General Partner Signing Form