

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 13 AM 11:14



1. Name of Limited Partnership
FISCHER FAMILY PARTNERSHIP, LTD.

1a. DOCUMENT #
A94000000013

Mailing Address 9735 CLUBHOUSE DRIVE, APT. 403 MIAMI FL 33178		Principal Office Address 9735 CLUBHOUSE DRIVE, APT. 403 MIAMI FL 33178		3. Date Formed or Registered 01/03/1994	5a. Capital Contributions as Shown on record \$3,000,000.00
				3a. Date of Last Report 09/21/1995	5b. Amount of Capital Contributions in FL CRIDA to date 3,000,000
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0455929	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent FISCHER, ARTHUR D 9735 CLUBHOUSE DRIVE, APT. 403 MIAMI FL 33178		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FISCHER, ARTHUR D	9735 CLUBHOUSE DRIVE,	MIAMI FL 33178	CYC 9-17 400000195-1115-4 09/19/96-01007-014 ****576.25 ****576.25
FISCHER, ELAINE	9735 CLUBHOUSE DRIVE,	MIAMI FL 33178	

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

Arthur D. Fischer

Typed or Printed Name of General Partner Signing Form

ARTHUR D. FISCHER

Daytime Telephone

9/14/96
(305) 594-6909

0005043

CR2E003 (6/96)