

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -2 PM 2:43

1. Name of Limited Partnership

1a. DOCUMENT #
A9400000050

PERLMUTTER FAMILY HOLDINGS LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

~~250 SOUTH OCEAN BLVD. APT. 16-H~~
~~BOCA RATON FL 33432~~

~~250 SOUTH OCEAN BLVD. APT. 16-H~~
~~BOCA RATON FL 33432~~

3. Date Formed or Registered

12/30/1993

5a. Capital Contributions as Shown on record

\$2,400,000.00

3a. Date of Last Report

12/11/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2,400,000.00

4. State or Country of Formation

FL

6. FEI Number

52-1868766

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

811 RUSSELL AVE

2a. Principal Office Address

1400 S. OCEAN BLVD

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

N-305

City & State

GAITHERSBURG, MD.

City & State

BOCA RATON, FL.

Zip

20879

Country

USA

Zip

33432

Country

USA

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

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

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)

PERLMUTTER, CATHERINE
BENTCROSS DRIVE, LLC

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

250 SOUTH OCEAN BLVD.
200 GIRARD STREET, SU

11b. City, State & Zip Code

BOCA RATON FL 33432
GAITHERSBURG MD

11c. Registration/Document Number

M9400000002

700002424227--6
-02/06/98--01126--009
****437.50 ****437.50
700002424227--6
-02/06/98--01126--010
****88.75 ****88.75

437.50 88.75

dec

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

DATE **12-22-97**

Typed or Printed Name of General Partner Signing Form

Bentcross Drive, LLC General Partner
David Perlmutter, Manager

Daytime Telephone Number **(301) 921-8700**

CR2E003 (6/97)