



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

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|--|--|---|--|--|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 FEB -4 PM 12:11  | |
| 1. Name of Limited Partnership MAGNUM NORTHEAST PROPERTIES, LTD. | | 1a. DOCUMENT # A940000000193 | | 3. Date Formed or Registered 02/14/1994 | | 5a. Capital Contributions as Shown on record \$1.00 | |
| Mailing Address 1300 NE 48TH ST POMPANO BEACH FL 33064 | | Principal Office Address 1300 NE 48TH ST POMPANO BEACH FL 33064 | | 3a. Date of Last Report 01/03/1996 | | 5b. Amount of Capital Contributions in FLORIDA to date | |
| 2. Mailing Address | | 2a. Principal Office Address | | 4. State or Country of Formation FL | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. FEI Number 65-0487673 | | <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 Country | | Zip Country | | 8. Make check payable to Dept. of State (See reverse side for fee information) | | | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent FREDERICO, JAMES 1280 NE 48TH ST. POMPANO BEACH FL 33064 | | 10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number) 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) RAMOS, OSIRIS | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 784 NE 71 ST. | 11b. City, State & Zip Code BOCA RATON FL 33487 | 11c. Registration Document Number KWM |
|---|---|---|---|

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

Typed or Printed Name of General Partner Signing Form

OSIRIS RAMOS

Daytime Telephone Number

954 785 2320

CR2E003 (6/96)