

**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 27 PM 4: 12

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000657

MARGULIES FAMILY PARTNERSHIP, LTD.



Mailing Address 3 GROVE ISLE DRIVE, #1801 COCONUT GROVE FL 33133		Principal Office Address 3 GROVE ISLE DRIVE, #1801 COCONUT GROVE FL 33133		3. Date Formed or Registered 05/11/1994	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/06/1995	5b. Amount of Capital Contributions in FL OHDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0516132	<input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent MARGULIES, MARTIN 3 GROVE ISLE DRIVE, #1801 COCONUT GROVE FL 33133		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc. SUITE 1801 1963549 -10/03/96-01023-003	
		City ***191.25 FL ***191.25	

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) MARGULIES FAMILY CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3 GROVE ISLE DRIVE, #	11b. City, State & Zip Code COCONUT GROVE FL 3313	11c. Registration/Document Number P94000035544
			<i>of 10-2</i>

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

MARTIN Z MARGULIES

Daytime Telephone Number

305-858-0476

CR25003 (6/96)