

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 15 AM 3:15

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| LIMITED PARTNERSHIP ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Moatham Secretary of State DIVISION OF CORPORATIONS |
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| 1. Name of Limited Partnership MARGULIES FAMILY PARTNERSHIP, LTD. | 1a. DOCUMENT # A94000000657 <i>99-AR CM</i> |
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| 2. Mailing Address 445 GRAND BAY DRIVE, SUITE PH 1 KEY BISCAYNE FL 33149 | 2a. Principal Office Address 445 GRAND BAY DRIVE, SUITE PH 1 KEY BISCAYNE FL 33149 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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| 3. Date Formed or Registered 05/11/1994 | 5a. Capital Contributions as Shown on record \$100.00 |
| 3a. Date of Last Report 11/21/1997 | 5b. Amount of Capital Contributions in FLORIDA to date |
| 4. State or Country of Formation FL | |
| 6. FEI Number 65-0516132 | |
| <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 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) | |

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| 9. Name and Address of Current Registered Agent MARGULIES, MARTIN 445 GRAND BAY DRIVE, SUITE PH 1 KEY BISCAYNE FL 33149 |
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| 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State: 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 |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| MARGULIES FAMILY CORP. | 445 GRAND BAY DRIVE, | KEY BISCAYNE FL 33149 | P94000035544 |

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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 *Martin Z. Margulies* DATE 12-11-98

Typed or Printed Name of General Partner Signing Form MARTIN Z. MARGULIES Daytime Telephone Number (305) 365-0500

CR2E003 (8/98)