## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

TAVOULAREAS FAMILY PARTNERS, LTD.



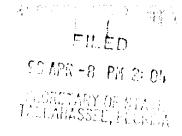
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A94000000727





1			48-4,CV		
Malling Address		Principal Office Address		3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.
1001 FIFTH AVENUE NEW YORK NY 10028		191 KEY PALM ROAD BOCA RATON FL 33432		05/26/1994	\$742,424.00
				38. Date of Last Report	\$142;424.00
				01/13/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address		2a. Principal Office Add	ress	4. State or Country of Formation	\$804,776.00
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.		6. FEI Number 65-0498888	Applied For Not Applicable
	ountry	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
<u></u> ,p		21p		8. Make check payable to: Dept. of State (See reverse side for fee Information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office			
UNITED CORPORATE SERVICES, INC.	Name	FF4526,25		
801 NORTHEAST 167TH STREET, SUITE 300	Street Address (P.O. Box Number Is Not Acceptable)	00 15:00		
NORTH MIAMI BEACH FL 33162	Suite, Apt. #, etc.			
	City	FL Zip Code		

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Fiorida 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) ,

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 118. Address of Each General Partner Registration/

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NO) Use Post Office Box Numbers)	11b. City. Stale & Zip Code	11c. Registration/ Document Number
BELL, PATRICE T	1001 FIFTH AVENUE	NEW YORK NY 10028	
1		0000024	1843500 9801088019 1.25 ****541.25
		****54	1.25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 3 do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Exporations from any liability of non-compliance will. 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 flust my signature shall have the same legal effects as if made under earth. 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	:

Propri	<b>o</b>	Bu
A NOW C	. من	42700

DATE 3/19/98

Typed or Printed Name of General Partner Signing Form

Patrice T. Bell

Daytime Telephone Number

212-551-9880