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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A94000000880

GUMENICK FAMILY INVESTMENTS NO. 4, LTD.

FILED

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Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
900 WEST AVENUE	900 WEST AVENUE		06/28/1994	64 645 000 00
MIAMI BEACH FL \$3139	MIAMI BEACH FL 33139		3a. Date of Last Report	\$1,015,000.00
			12/09/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	28. Principal Office Address		4. State or Country of Formation	to dat e:
	Culto And All als		FL	, =
Suite, Apt. #, etc.	Suite, Api. #, etc.		6. FEI Number	
City & State	City & State		7. Cerlificate of Status Desired	Not Applicable
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required
				8. Make check payable to: Dept. of State (Sea reverse side for fee Information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
DIAZ, MANNY 900 WEST AVENUE MIAMI BEACH FL 33139 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-name		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, etc.		
		City Zip Code		Zip Code
		FL FL		
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Florid		uthorized by its general partner(s). I hereby	
A GENERAL PARTNER THAT	IS A CORPORATION. L	IMITED PAR	RTNERSHIP OR OTHE	R BUSINESS ENTITY
MUS	<u>T BE REGISTERED ANI</u>	D ACTIVE W	ITH THIS OFFICE.	
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 11b	City, State & Zip Code	11c. Registration/ Document Number
GUMENICK INVESMENTS NO. 4, 1 900 WEST AVENUE		1	IIAMI BEACH FL 33139	P94000032283
			3000026 -10/17/9 ****53°	862137 9-01002010 500 ****535.00
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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 Pariner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

BUMEDIER