DOCUMENT #

1. Name of Limited Partnership

A94000001172

empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form Dr. Robert Colton, Vice. President

SIGNATURE

Fil.(1) SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUN 17 AM 11: 19

Telephone Number (561) 226-3300

MSG PARTNERS, LTD. DO NOT WRITE IN THIS SPACE 2. Mailing Address 3. Principal Office Address Date Formed or Registered To Do Rusiness in Florida 1905 Clint Moore Road 1905 C<u>li</u>nt August 19, Suite. Apt. #. etc 5. FEI Number Suite. Apt. #. etc. Applied For 301 301 65-0552482 Not Applicable City & State City & State Boca Raton Boca Raton 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required Country Country for a Certificate of Status 33496 USA 33496 USA 7. State or Country of Formation FLORIDA, USA 8a. Capital Contributions as Shown on Record: FEES:1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.60, for each year due this office. \$1,000,000 Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. 8b. Amount of Capital Contributions in FLORIDA to date If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and Note appropriate filing fee. \$1,000,000 9. Name and Address of Current Registered Agent 10. If changed, new registered agent/office Dr. Robert Colton Dr. Robert Colton Street Address (P.O. Box Number Is Not Acceptable) 1401 N.W. 9th Ave. 1905 Clint Moore Road Suite, Apt #, etc. 301 Boca Raton, FL 33486 Zip Code 33496 Boca Raton 10a. Pursuant to the provisions of sections 620 1051 and 620 105, 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. Address of Each General Partner Registration City, State and Zip Code 11a. 11. Names of General Partner(s) Document Number (Do NO1 Use Post Office Box Numbers) MSG Equity Corp. 1905 Clint Moore Rd. Boca Raton, FL 33496 P94000063312 Suite 301 500002221845---06/24/\$7--01094--005 ***1041.25 ***1041.25

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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

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