

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

98 MAR 30 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership KOCH FAMILY, LTD.	1a. DOCUMENT # A94000001585 <i>GA-AR CM</i>
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Mailing Address C/O MACLEAN AND EMA 2800 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062		Principal Office Address C/O MACLEAN AND EMA 2800 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062		3. Date Formed or Registered 11/23/1994	5a. Capital Contributions as Shown on record. \$305,415.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 03/28/1997	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		4. State or Country of Formation FL	
Zip		Country		6. FEI Number 65-0534889	<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)					

9. Name and Address of Current Registered Agent MACLEAN, LAURA G C/O MACLEAN AND EMA 2800 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City 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) KOCH, EDWARD L KOCH, JOHN E	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1404 WEST WASHINGTON 1617 E MEMPHIS ST 729 EDGECLIFF DRIVE	11b. City, State & Zip Code GREENSBORO IN 47240 CINCINNATI OH COVINGTON KY 41014	11c. Registration/ Document Number
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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

DATE

3-23-98