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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



Typed or Printed Name of General Partner Signing Form GERALDING FINTHON

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

97 SEP 15 PM 3: 46



FINEMAN REALTY PARTNE	ERS, LIMITED	1003_					
Malling Address	Principal Office Address			3. Date Formed or Registered	58. Capital Contributions as Shown on record		
800 E. SPANISH RIVER BLVD #5-C BOCA RATON FL 83431	900 E. Spanish River BLVD., BOCA RATON FL 33431	E. SPANISH RIVER BLVD., #5-C CA RATON FL 33431		12/12/1994 38. Date of Lest Report			
				12/02/1996 4. State or Country of Formation	5D. Amou Contr to dat	int of Capital ibutions in FLORIDA a:	
2. Malling Address	28. Principal Office Address	28. Principal Office Address		FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable		
City & State	City & State	City & State		65-0127081			
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Informat		\$8.75 Additional Fee Required	
				O. Make check payable to: Dept. of	State (See rev	erse side for tee intorination)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office					
FINEMAN, GERALDINE G 900 E. SPANISH RIVER BLVD., #5-C BOCA RATON FL 33431		Name					
		Streel Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
							City FL Zip Code
		SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TH		LIMITED	PART	DATE TNERSHIP OR OTHE THE THIS OFFICE	
11, Name(s) of General Partnor(s)	Address of Each Gene (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
JERRY G., INC.	900 E. SPANISH RIVER			BOCA RATON FL 33431		P94000089730	
					2958 /9701 91.25		
Note; General partners MAY	NOT be changed on this for	m· en em	endme	nt must be filed to chi	enge e g	eneral pertner	
12. I do hereby certify that the Information supplied Corporations from any liability of non-compliar this annual report is true and accurate and the ampowered to execute this report as required.	d with this filing is voluntarily furnished and does noe with Section 119.07(3)(k) in the event that the it my signature shall have the same legal effects	not qualify for the information sup as if made unde	e exemption	staled in Section 119.07(3)(k), Florida med exempt from public access. I furth er certify that I am a General Partner o	Statutes. I rele	ase the Division of he information indicated on rtnership, receiver or trustee	

Daytime Telephone Number