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

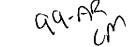
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A94000001685

fill.ED 98 OCT -7 AH 9: 26 STURE ALLANDA TALLAMASSEE, FLORETA

OLOMON	EAMILY	LTD	



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		U					
Mailing Address	Principel Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
% MACLEAN AND EMA	% MACLEAN AND EMA			12/13/1994	\$407.075.00		
2600 NE 14TH ST. CAUSEWAY	2600 NE 14TH ST. CAUSEWAY		Ì	3a. Date of Last Report	\$497,875.00		
POMPANO BEACH FL 33062	POMPANO BEACH FL 33062		İ	12/04/1997	5h		
					5b. Amount of Capital Contributions in FLORIDA to date:		
2. Malling Address	2a. Principal Office Address			4. State or Country of Formation	to dute:		
•	•			FL			
ulte, Apt. #, etc. Suite, Apt. #, etc.				6. FEI Number	Applied For		
Oit & Otal	Oh. 1 Ot-1-			65-0534885	Not Applicable		
City & State	City & State		ļ	7. Certificate of Status Desired	50.75 Additional		
Zip Country	Zip	Country		T T GG WINGSTO OF GUILLOS DESITOS	\$8.75 Additional Fee Regulred		
				8. Make check payable to: Dept. of t	State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
		Name					
MACLEAN, LAURA G		Street Address (P.O. Box Number Is Not Acceptable)					
% MACLEAN AND EMA		Colorination (1.0, Dox Mainter to No. 1000)					
2600 N.E. 14TH ST. CAUSEWAY		Sulte, Apt. #, etc.					
POMPANO BEACH FL 33062		City Zip Code					
10a. Pursuant to the provisions of sections 520.1051 and 62 for the purpose of changing its registered office or regis agent 1 am familiar with, and accept the obligations of example 1.	lered agent, or both, in the State of Florid			orized by Îts ge neral partner(s). I hereb			
SIGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED ANI	IMITED O ACTIV	PART E WIT	NERSHIP OR OTHE 'H THIS OFFICE.	R BUSINESS ENTITY		
11. Namo(s) of General Partner(s)	11a. Address of Each General		11b.	City, State & Zip Code	11c. Registration/ Document Number		
SOLOMON, DAVID A	4 HORIZONS ROAD		SHA	RON MA 02067-2764			
SOLOMON, LEE ANN	300 E 57TH ST., APT.		NEW YORK NY 10022				
•	222 22 27 777 2137 711 11						
1							
		;		8000026 -10/13/3 ****\$52	621583 8801017009 625 ****526.25		

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, Fiorida Statute

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