FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

BENAIM FAMILY LIMITED PARTNERSHIP

Typed or Printed Name of General Partner Signing Form RIVIAN BENALM,



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A94000001815

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Mailing Address 7340 S.W. 56TH STREET MIAMI FL 33156	Principal Office Address 7340 S.W. 56TH STREET MIAMI FL 33156	3, Date Formed or Registered 12/27/1994 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$850,000.00	
		10/16/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a, Principal Office Address	FL State or Country of Pormation	781,754	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0547319	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country	8. Make check payable to: Dept	Fee Required of State (See reverse side for fee information)	
9. Name and Address of C	urrent Registered Agent	10. If changed, new Registe	ered Agent/Office	
MADORSKY, MARSHA G	Name			
2665 SOUTH BAYSHORE DRIVE, SU	TTE 603	Address (P.O. Box Number is Not Acceptable)	n227998	
MIAMI FL 33133		Street Address (P.O. Box Number is Not Acceptable)		
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	City D51 and 620.192, Florida Statutes, the above-named limited p	partnership organized or registered under the laws o	TL Zip Code FL Zip Code f the State of Florida, submits this statement	
for the purpose of changing its registered of agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointme	City D51 and 620.192, Florida Statutes, the above-named limited price or registered agent, or both, in the State of Florida Such igations of section 620.192, Florida Statutes. Ent) IAT IS A CORPORATION, LIMIT	partnership organized or registered under the laws of change was authorized by its general partner(s). He DA'	Zip Code Zip Code of the State of Florida, submits this statement hereby accept the appointment of registered	
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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 region as required by chapter 620, Floren Statutes.

Daytime Telephone Numbe