FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNIIAI REDORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED SECRETARY OF STATE

1999	Secretary of State DIVISION OF CORPORATIONS		ons	DIVISION OF CORPORATIONS 98 DEC PM : 54			
1. Name of Limited Partnership	1a. DOCUMENT # A9500000105			ag nec 11 bl	1 1:54	:	
PEMBROKE SPRINGS, LTD.)\2/\4			
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capi	ital Contributions as wn on record.	
20000 PINES BLVD. PEMBROKE PINES FL 33029	20000 PINES BLVD. PEMBROKE PINES FL 33029			01/19/1995 3a. Date of Last Report		\$2,800,000.00	
				09/26/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			4. State or Country of Formation to date:		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 59-0739787	Applied For Not Applicable		
				7. Certificate of Status Desired		\$8.75 Additional	\neg
Zip Country	Zip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			λΠ)
9. Name and Address of Current	Registered Agent			10. If changed, new Registered	f Agent/Office		\exists
SCHACK DAVID		Name				 	
SCHACK, DAVID 215 187TH STREET	Street A		ress (P.O. Box	O. Box Number Is Not Acceptable)			
MIAMI FL 33160	<u> </u>		Suite, Apt. #, etc.				
		City Zip Code					\dashv
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or regent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Florid				State of Flori		
SIGNATURE (Registered Agent Accepting Appointment)		··- -		DATE			
A GENERAL PARTNER THAT MUS	T BE REGISTERED AN	<u>D ACTI</u>	PARTI VE WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	\bot
HOME DYNAMICS CORPORATION	1750 S.W. 4 AVENUE			A RATON FL 33433	P94000046501		03 (8/98)
FIC PEMBROKE CORP.	405 NORTH WABASH, RI	405 NORTH WABASH, RIV		ICAGO IL 60611 P95000003800		5000003800	CR2EO
				1000027 -12/28, ****52		7227510 /9801008004 25.25 ****\$26.25	
		;					
Note: General partners MAY NOT							
12. I do hereby certify that the Information supplied with the	is filing is voightarily furnished and does not	qualify for the	exemption sta	ited in Section 119.07(3)(k), Florida S	tatutes, i relea	se the Division of	

12.	i do hereby certify that the Information supplied with this Jijing is পুঠর্কারিরাly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of
ız.	Tab hereby before and the information supplied with this territ to extend the extended in decider the extended in decider.
	Corporations from any liability of non-compliance with accion (19.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on
	Corporations from any liability of non-compliance with action 19.07(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 row signature shall have the same legal effects as if made under ooth. I further certify that I am a General Partner of the limited partnership, receiver or trusted
	empowered to execute this report as required by chapter 620/Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Home Daytime Telephone Number 954-421 -5400