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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A9500000122

FILTER SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 23 PH 1:56



28. Mailing Address  28. Principal Office Address  28. Principal Office Address  50. Suite, Apt. #, etc.  50. FEI Number								
38. Oas of the Report 27 1/17/88  5. Amount of Capital Control States  1. Making Address  28. Principal Office Address  28. Principal Office Address  4. State or Country of Formation FL  4. State or Country of Formation FL  39. Name and Address of Current Registered Agent  7. Certification of States Desired  8. Mass chicks payable to Desir of State Desired  8. Mass chicks payable to Desir of State Desired  9. Name and Address of Current Registered Agent  10. If changed new Registered AgentOffice  9. Name  10. If changed new Registered AgentOffice  10. If changed new Registered AgentOffice  9. Name and Address of Current Registered Agent  10. If changed new Registered AgentOffice  10. If changed new Registered AgentOffice  10. If changed new Registered NameOffice new agent of the Acceptable of State Desired AgentOffice  10. If changed new Registered NameOffice new agent of the Acceptable of State Office or registered agent of the Acceptable of State Office or registered agent of the Office or registered agent of the Acceptable of State Office or registered agent of the Office or registered agent of Capital State Office or registered agent Acceptage Agent	3353 N.W. 74TH AVENUE	3353 N.W. 74TH AVENUE		01/2	01/24/1995  3a. Date of Last Report 12/11/1995		\$1,000,000.00  5b. Amount of Capital Contributions in FLORIDA	
28. Principal Office Address  28. Principal Office Address  FL  Suite, Apt. #. doc  To Country  Application  FR Research  FR				12/				
The Country State City & State	. Mailing Address	2a. Principal Office Address	}	1	or Country or Formation			
To Country    To Country   To C	ite, Apt #, etc. Suite, Apt. #, etc			6. FEI N.	65-0652744 Sale Applied For			
B. Make check payable to Dept. of State (See reverse add for been file.  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Name  Name  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. 4, etc.  Celly  FL  Zip Code  Oa. Pursuant to the provisions of sections 6/0 1051 and 6/0 192. Notate Statutes, the above-handed initied partnership organized or registered under the laws of the State of Forida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered fagent Acceptable of State of Forida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Acceptage Appointments.  OATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  1. Name(s) of General Partner(s)  11a. (pd/SOPPER Agent	ty & State	City & State					\$8.75 Additional	
Name  Name  Name  Name  Name  Name  Name  Name  Street Address (F.O. Box Number is NNI Acceptable)  Sure, Apt. #, elic.  City  FL  Zip Code  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (DANS) Tuest General Partners  11b. City Stale & Zip Code  11c. Septembers  DATE  Repistation  Flagstration  Flagstrati	p Country	Zip	Country	8. Make	check payable to Dept. o	of State (See re	Fee Required verse side for fee informat	
Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code	A Name and Address of Curren	t Danistavad Aparti		10	If changed new Register	ed Agent/Office		
Street Address (F.O. Bix Number is Not Acceptable)  Street Address (F.O. Bix Number is Not Acceptable)  Street, Apt. #, etc.  City  FL  Zip Code  Oa. Pursuant to the provisions of sections 620 1051 and 620 109. Horida Statues, the above-hamed limited partnership organized or registered under the laws of the State of Florida, submits his sit 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). Thereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent and familiar with, and accept the addignous of section 620 109. Horida Statues.  SHATURE (Registered Agent Accepting Apparatument).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  1. Name(s) of General Partner(s).  11a. (b) Aggreg of act, General Partner(s).  11b. City, State & Zip Code.  11c. Population of Decomposition of the State of Florida Statues. The Aggregation of the State of Florida State	NELSON, BARRY ESQ. C/O BUCHANAN INGERSOLL, P.C.							
Oa. Pursuant to the provisions of sections C20 1051 and C20 197. Horital Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, authorits his state for the purpose of changing its 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 Accepting Appointment).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  1. Name(s) of General Partner(s)  11a. (DAGGES of Each, General Partner)  STANLEY YOUNG FAMILY HOLDING  3353 N.W. 74TH AVENUE  MIAMI FL 33122  P94000092701  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner component from any listing of necroproplicate with selling 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 listing of necroproplicate with selling 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 listing of necroproplicate with selling 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 listing of necroproplicate with Section 119.07(3(k)) in the event that the information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, received on provided to encounte and that they suggrature. Shall have the same logal effects as if made under call. I further certify that I am a General Partner of the limited partnership, received on provided to encounte and that they suggrature. Shall have the same logal effects as if made under call. I further certify that I am a General Partner of the limited partnership, received to the cal								
10a.   Pursuant to the provisions of sections 620 102. Florida Statures, the above-harned limited partnership organized or registered under the laws of the State of Florida, submits this street for the purpose of changing its 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.    International Partner of Agent Accepting Appointment					Z <sub>I</sub> p Code			
1. Name(s) of General Partnor(s)  11a. (No NOT Use Post Office Box Numbers)  11b. City. State & 7/p Code  11c. Registration/ pocurrent Numb  STANLEY YOUNG FAMILY HOLDING  3353 N.W. 74TH AVENUE  MIAMI FL 33122  P94000092701  1 0 0 0 2 0 4 5 7 7 1  -01/06/9701/03201/6  ******576. 25 *****576.  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general part  1. To hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s). Florida Statutes. I release the Division of Corporations from any listability of non-compliance with Section 119.07(3)(k) in the event that the information supplied we 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 indicting 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 ompowered to execute this report as required by chapter 670. Florida Statutes.	ICNIATURE (Designatored Apost Aposton Associational)				TATE	<u>.</u>		
10002045771— -01/06/97—01032—016 *****578.25 *****576.  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general part  1. Lo heretry 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. Frelease 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 indiction around accurate and that my signature shall have the same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver ompowered to execute this report as required by chapter 620. Florido Statutes.	A GENERAL PARTNER THAT	IS A CORPORATION T BE REGISTERED A	I, LIMITED AND ACTIV	PARTNERS E WITH THI	HIP OR OTH			
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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 indi- tritis annual report is true and accurate and that my signature shall have the same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver ompowered to execute this report as required by chapter 620. Florida Statutes.	A GENERAL PARTNER THAT MUS  11. Name(s) of General Partner(s)  STANLEY YOUNG FAMILY HOLDING	11a. (Do NOT USE POST OFF	AND ACTIV eneral Partner ce Box Numbers)	'E WITH THI 11b. City.: MIAMI FL 3	HIP OR OTHI IS OFFICE. State & Zip Code 3122 1 0 0 0 2 -01/06 ****	11c. P 045 37970 578.25	Registration/ Document Number  94000092701  2  2  3  1032-016  ****576, 25	
CIGNATURE (ACULAN XXUIX). DATE 1x/19/96	A GENERAL PARTNER THAT MUS  1. Name(s) of General Partner(s)  STANLEY YOUNG FAMILY HOLDING  Note: General partners MAY NO	11a. (Do NOT Use Post Off 3353 N.W. 74TH AVE	AND ACTIV eneral Partner (ce Box Numbers) ENUE	'E WITH THI 11b. City.: MIAMI FL 3	HIP OR OTHI IS OFFICE. State & Zip Code  3122  1 0 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11c. P 2045 3/97-0 578,25 nange a g	Registration/ Document Number  94000092701  2  2  3  1032-015  ****576, 25  general partne	
Ivped or Printed Name of General Partner Signing Forty STANLEY YOUNG Daytime Telephone Number X 305-591-970	A GENERAL PARTNER THAT MUS  11. Name(s) of General Partner(s)  STANLEY YOUNG FAMILY HOLDING  Note: General partners MAY NO  12. Leo hereby certily that the information supplied well Corporations from any liability of non-compliance tris annual report is true and accurate and that my	The changed on this for this filling is voluntarily furnished and do till Section 1907(3)(k) in the event that signature shall have the same legal effective.	AND ACTIVeneral Partner ce Box Numbers)  ENUE  Orm; an ameter so to qualify for the libe information supplements.	MIAMI FL 3  Pendment must exemption stated in Silied is deemed exemption.	SHIP OR OTHI IS OFFICE. State & Zip Code  3122  1 0 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11c. P  145  77  78  78  15 April 15 Ap	Registration/ Document Number  94000092701  2  3  1032-016  ****576.25  general partner  lease the Division of the information indicated	

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