

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 15 AM 10:01

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000166

SAUSALITO LIMITED PARTNERS



Mailing Address

Principal Office Address

C/O BERKOVITS & CO. P.A.
8211 WEST BROWARD BLVD., SUITE 340
MIAMI BEACH FL 33324

100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

3. Date Formed or Registered

02/01/1995

5a. Capital Contributions as Shown on record.

\$825,000.00

3a. Date of Last Report

12/26/1996

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

C/O Berkovits + Co. P.A.

- Same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8211 W. Broward Blvd Suite

340

City & State

City & State

Plantation FL

Zip

33324

Country

Zip

Country

6. FEI Number

65-0553771

Applied For

Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GREENSPOON, GERALD ESQ.
C/O GREENSPOON, MARDER, ET AL
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

500002500345--5

Suite, Apt. #, etc.

-04/24/98-01117-017

City

***526.25 ***526.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement 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). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MARBA, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1222 MACKAY STREET

11b. City, State & Zip Code

MONTREAL, QUE., CANAD

11c. Registration/Document Number

F93000005019

OK
4-21

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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, Florida Statutes.

SIGNATURE

[Handwritten Signature]
CAN LUPT

DATE

MARCH 16/98

082-3372

CR2E003 (12/97)