## 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

A95000000220

FILLO SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 13 AM 11: 13



NODIVA	/ FAMILY INVESTM	ENT COMPANY, LTD.		1 300 (183) (016 4930) 61111 001 	JA BBAIN 3910) 18111 BBAIN BBAIN 31318 JIBAI BBAIN 1941
Mailing Address 1591 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411			Princips: Office Address 1591 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411		5a. Capital Contributions as Shown on record \$50,000.00  5b. Amount of Capital Contributions in ELORIDA to date
2. Mailing Address		2a. Principal Office Address	2a. Principal Office Address		
Suite, Apt #, etc.		Suite, Apt. #, etc.			Applied For Not Applicable
Zip Country		City & State	Zip Country		\$8.75 Additional Fee Required
Σφ. 	Coording	2.p Coorday		8, Make check payable to Dep	t of State (See reverse side for fee information
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
WEST PA  10a. Pursual for the agent.	purpose of changing its registered office I am familiar with, and accept the obliga- gistered Agent Accepting Appointment	e or registered agent, or both, in the State of ations of section 620 192. Florida Statules	Suite, Apt. #, et City amed limited partnersh Floridal Such change	一 <b>可多/</b> ***** p organized or registered under the laws was authorized by its general partner(s). I D/	13/96—0103 13/96—01006—005 488.75 *****488.75 of the State of Flonda-submits this statemen hereby accept the appointment of registeres
A GENI	ERAL PARTNER THA MU	AT IS A CORPORATION IST BE REGISTERED A	, LIMITED P	ARTNERSHIP OR OTH WITH THIS OFFICE.	IER BUSINESS ENTITY
11. Name	e(s) of Genera! Partner(s)	11a. (Do NOT Use Post Office		1b. City, State & Zip Code	11c. Registration/ Document Number
	B. DAVIDOW, AS TRUSTE	1591 BREAKERS WE	ST BL	WEST PALM BEACH FL 33	

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 lifting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I release the Division of Too nereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exempt on stated in Section 119 (7)(3)(k). Flor do Statutes. Trelease 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. Flurther 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 trusted empowered to execute this report as required by chapter 600, Florida Statutes.

SNATURE Daniel Baseline Statutes.

DATE:

OATE:

Typed or Printed Name of General Partner Signing Form

Daniel B. Davidow

Daylime Telephone Number (561) 798-3407