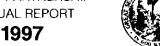
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership 1a.

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10/30

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FILEV II, LTD.				######################################	
Ing Address Frincipal Office Address 1 SO. CENTRAL AVENUE 848 BRICKELL AVENUE, SUITE 200 ALLEY STREAM NY 11580 MIAMI FL 33131		UITE 200	3. Date Formed or Registered 03/28/1995 3a. Date of Last Report 12/20/1995	5a. Capital Contributions as Shown on record \$200,000.00 5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address		2a. Principal Office Address			
Suite, Apt. #, etc	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to Dept lo	f State (See reverse side for fee information	
9. Name and Ad	dress of Current Registered Agent		10. It changed new Registere	d Agent/Office	
for the purpose of changing its re	tions 620 1051 and 620 192. Florida Statutes, the above egistered office or registered agent, or both, in the State	Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL. Zip Code re-named limited partnership organized or registered under the laws of the State of Florida, submitts this statement e of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.			
SIGNATURE (Registered Agent Accepting			DATE	·	
A GENERAL PARTN	ER THAT IS A CORPORATION MUST BE REGISTERED			R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each C	General Partner ffice Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
FIVO VII CORP. 20801 BISCAYNE		BLVD.,	AVENTURA FL 33180	P9500000956	
LEVINCORP, INC.	99 POWERHOUSE	ROAD, S	ROSLYN HEIGHTS, NY FL SOCIOL 1: -10/31,	P95000023905 SE 1 SES	
•			****	35.00 ****585.00	

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 filling is voluntarily lumished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida 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. Flurther certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by mapter 620. Florida Statutes

SIGNATURE X Laplane

Typed or Printed Name of General Partner Signing Form:

RalPH Fine

DATE _ 10/15/86 Daytime Telephone Number 516-561-1700