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

a. DOCUMENT # **A9500000711**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 FEB - 3 PM 12: 11



| ANT-A-GEM, I | | | | | | | |
|--|--|--|--|---|--|--|--|
| Mailing Address 7400 NW 7TH ST, STE, 109 | | Principal Office Address 7400 NW 7TH ST. STE. 109 | | | 3. Date Formed or Registered 05/01/1995 38. Date of Last Report | ĺ | at Contributions as n on record \$48,980.00 |
| MIAMI FL 33126 | | MIAMI FL 33126 | | | 12/21/1995 4. State or Country of Formation | 5b. Amou Contr | int of Capital ibutions in FLORIDA e: |
| 2. Mailing Address | Mailing Address 28. Principal Office Addr | | ress | | FL | 4,621.08 | |
| Suite, Apt. #, etc | Apt. #, etc Suite, Apt. #, etc. | | | | 6. FEI Number 65-0574295 | Applied For | |
| City & State | | City & State | | - | 7. Certificate of Status Desired | | Not Applicable \$8.75 Additional |
| Zip | Country | Zip | Country | | 8. Make check payable to: Dept. o | | Fee Required |
| | Name and Address of Curr | ent Registered Agent | | | 10. If changed, new Registers | nd Agent/Office | |
| 9. Name and Address of Current Registered Agent WHITE, JOHN R 7400 NW 7TH ST. STE. 109 MIAMI FL 33126 | | | Name | | | | |
| | | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc | | | | |
| | | | City Zin Code | | | | |
| 10a. Pursuant to the pre- for the purpose of agent. Lam familia | changing its registered office or with land accept the obligat | and 620-192, Florida Statutes, the above- cor registored agent, or both, in the State tions of section 620-192, Florida Statutes | named limited partn of Florida. Such char | nge was autho | xized by its general partner(s). I he | reby accept the | ida, submits this stateme appointment of register |
| 10a. Pursuant to the pro- for the purpose of agent. Lam familia SIGNATURE (Registered Ap | changing its registered efficer or with and accept the obligat gent Accepting Appointment) PARTNER THA | or registered agent, or both, in the State of tions of section 620 192, Florida Statutes | named limited partn of Florida. Such char | nge was autho | xized by its general partner(s). I he | he State of Flor reby accept the | ida, submits this statem appointment of register |
| 10a. Pursuant to the pre- for the purpose of agent. Lam familia SIGNATURE (Registered Ap A GENERAL | changing its registered office or with and accept the obligat gent Accepting Appointment) PARTNER THA MU | or registered agent, or both, in the State of tions of section 620 192, Florida Statutes T IS A CORPORATION | named limited partn of Fiorida. Such char N, LIMITED AND ACTIV | nge was autho | xized by its general partner(s). I he | he State of Flor reby accept the | ida, submits this statem appointment of register |
| 10a. Pursuant to the pro- for the purpose of agent. Lam familia SIGNATURE (Registered Ap A GENERAL | changing its registered office or with land accept the obligat gent Accepting Appointment) PARTNER THA MU ieral Partner(s) | or registered agent, or both, in the State of tions of section 620 192, Florida Statutes IT IS A CORPORATION ST BE REGISTERED | named limited partn of Fiorida. Such char N, LIMITED AND ACTIV | PARTI PARTI E WITI | DATE VERSHIP OR OTHE H THIS OFFICE. City, State & Zip Code VI FL 33126 | ER BUSI 11c. P1 | Ida, submits this statems appointment of register NESS ENTIT Registration/ Document Number |
| 10a. Pursuant to the profession of agent 1 am familia SIGNATURE (Registered Ageneral. 11. Name(s) of Gen | changing its registered office or with land accept the obligat gent Accepting Appointment) PARTNER THA MU ieral Partner(s) | or registered agent, or both, in the State of tions of section 620 192, Florida Statutes IT IS A CORPORATION ST BE REGISTERED A Address of Each Off Use Post Off | named limited partn of Fiorida. Such char N, LIMITED AND ACTIV | PARTI PARTI E WITI | DATE VERSHIP OR OTHE H THIS OFFICE. City, State & Zip Code VI FL 33126 70002 ***** 70002 -02/1: -02/1: | ER BUSI 11c. P1 13.75 | NESS ENTIT Registration/ Document Number 95000021982 3 1 7 |
| 10a. Pursuant to the profession of the purpose of agent. Lam familia SIGNATURE (Registered Ageneral. 11. Name(s) of General GMS MANAGEM | changing its registered office or with and accept the obligation of the partners of the partne | T IS A CORPORATION ST BE REGISTERED 11a. (Do NOT Use Post Off 7166 NW 12TH ST. | named limited partnot Florida. Such character Such character Such character Such character Such character Such Control of Such | PARTINE MIAI | JERSHIP OR OTHE H THIS OFFICE. City, State & Zip Code WI FL 33126 -02/1: **** | ER BUSI 11c. PH 108-4: 1/97-3 1/97-0 1/97-0 | NESS ENTIT Registration/ Document Number 95000021982 3 1 7 |
| 10a. Pursuant to the professe of agent. Lam familia SIGNATURE (Registered Af A GENERAL 11. Name(s) of Gen GMS MANAGEM Note: General 12. I do horoby cortify it Corporations from as this annual report is | partners MAY Notes the information supplied with and accurate and that the information supplied with lattile and accurate and that me | or registered agent, or both, in the State of tions of section 620 192, Florida Statutes IT IS A CORPORATION ST BE REGISTERED A Address of Each Off Use Post Off | named limited partnot Florida. Such character Such character Such a CTIV gneral Partner (ce Box Numbers) Orm; an am Das not qualify for the the information supp | PARTIN/E WITI 11b. MIAI endmen e exemption solution is deeme | DATE VERSHIP OR OTHE H THIS OFFICE. City, State & Zip Code VIFL 33126 CO2/1: **** TOOO2 -02/1: **** It must be filed to challed in Section 119.07(3)(k), Florid access. I further the section of the | ER BUSI 11c. PR 103.75 | NESS ENTIT Registration/ Document Number 05000021982 3 1 7 |
| 10a. Pursuant to the professe of agent. Lam familia SIGNATURE (Registered Af A GENERAL 11. Name(s) of Gen GMS MANAGEM Note: General 12. I do hereby certify it Corporations from as this annual report is | partners MAY Notes the information supplied with and accurate and that most the information supplied with and accurate and that mote this report as required by | or registered agent, or both, in the State of tions of section 620 192, Florida Statutes IT IS A CORPORATION ST BE REGISTERED A 11a. (Do NOT Use Post of 7166 NW 12TH ST. OT be changed on this fill this filling is voluntarily lumished and do with Section 119 07(3)(k) in the event that yis gnature shall have the same legal effections. | named limited partnot Florida. Such character Such character Such and ACTIVeneral Partner (ce Box Numbers) Orm; an am bes not qualify for the the information supports as if made under | PARTIN/E WITI 11b. MIAI endmen e exemption solited is deeme oath. I further | DATE VERSHIP OR OTHE H THIS OFFICE. City, State & Zip Code VIFL 33126 TODOO2 -02/1 **** It must be filed to challed in Section 119.07(3)(k), Florid de exempt from public access. I furl certify that I am a General Partner certification cert | ER BUSI 11c. PR 1084 1/97-0 \$52.50 ange a g a Statutes Treicher certify that of the limited pa | NESS ENTIT Registration/ Document Number 95000021982 3 1 7 6 1163001 ****158.75 2 17 6 1163002 *****52.50 eneral partner asse the Division of the Information Indicated intership, receiver or incomplete intership. |

CR2E003 (6/96)