


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A95000000749			
LEVINE FAMILY INVESTMENT PARTNERSHIP, LTD.					

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 APR -8 PM 3:06



Mailing Address 4300 NORTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33351		Principal Office Address 4300 NORTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33351		3. Date Formed or Registered 05/15/1995	5a. Capital Contributions as Shown on record \$1,701,900.00
				3a. Date of Last Report 01/08/1997	5b. Amount of Capital Contributions in FLGR11A to date:
2. Mailing Address 4300 N University Dr Suite, Apt. #, etc. A106 City & State Ft Laud FL Zip 33351 Country		2a. Principal Office Address 4300 N University Dr Suite, Apt. #, etc. A106 City & State Ft Laud FL Zip 33351 Country		4. State or Country of Formation FL	6. FEI Number 65-0581153 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$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 LEVINE, HOWARD A 4300 NORTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33351		10. If changed, now Registered Agent/Office Name Levine, Howard A Street Address (P.O. Box Number is Not Acceptable) 4300 N University Dr Suite, Apt. #, etc. A106 City Ft Lauderdale FL Zip Code 33351	
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10a. Pursuant to the provisions of sections 620.105.1 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) LEVINE, HOWARD A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4300 NORTH UNIVERSITY	11b. City, State & Zip Code FORT LAUDERDALE FL 33351	11c. Registration/Document Number 200002485682--3 -04/10/98--01120--001 ****526.25 ****526.25
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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

Typed or Printed Name of General Partner Signing Form

Howard A LEVINE

DATE

Daytime Telephone Number

4/6/98
 954-777-6700

CP2E003 (6/97)