LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sendra Moltham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 FEB 28 AM 10: 05		
1. Name of Linvted Partnership	^{1a.} DOCUMEN A95000007	1a. DOCUMENT # A9500000780			
E.V.M., LTD.	L			IIII IIIIII IIIIIIIIIIIIIIIIIIIIIIIIII	
Mailing Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
P.O. BOX 282157 DAVIE FL 33329-2157	P.O. BOX 292157 DAVIE FL 33329-2157		05/17/1995 38. Date of Last Report	\$250,000.00	
			04/24/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL.	-0-	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0647545	Applied For Not Applicable	
Zip Country	-	untry	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 Cu	irrent Registered Agent		10. If changed, new Register	ed Agent/Office	
KIROUAC, EDMOND	- N	lame			
11306 N.W. 15TH COURT	ŝ	Street Address (P.O.	Box Number is Not Acceptable)		
PEMBROKE PINES FL 33026		Suite, Apt. #, etc.			
	c	Dity	FL Zip Code		
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office					
agent I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmer A GENERAL PARTNER THA	ations of section 620.192, Florida Statutes. II) AT IS A CORPORATION, LIN		TNERSHIP OR OTHI		
SIGNATURE (Registered Agent Accepting Appointmen	ations of section 620.192, Florida Statutes.	NITED PAR ACTIVE W	TNERSHIP OR OTHI ITH THIS OFFICE.		
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT	ations of section 620.192, Florida Statutes. II) AT IS A CORPORATION, LIN JST BE REGISTERED AND A	ATED PAR ACTIVE W	TNERSHIP OR OTHI ITH THIS OFFICE.	ER BUSINESS ENTITY	
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH MU 11. Name(s) of General Partner(s)	At IS A CORPORATION, LIN JST BE REGISTERED AND 118. (Do NOT Use Post Office Box No	ATED PAR ACTIVE W	TNERSHIP OR OTHI ITH THIS OFFICE. City, State & Zip Code EMBROKE PINES FL 330 40000	ER BUSINESS ENTITY 11c. Registration/ Document Number	
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH MU 11. Name(s) of General Partner(s)	At IS A CORPORATION, LIN JST BE REGISTERED AND 118. (Do NOT Use Post Office Box No	ATED PAR ACTIVE W	TNERSHIP OR OTHI ITH THIS OFFICE. City, State & Zip Code EMBROKE PINES FL 330 40000	ER BUSINESS ENTITY 11c. Registration/ Document Number P95000039464 21039249 64/9701093005	
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA MU 11. Name(s) of General Partner(s)	ations of section 620.192, Florida Statutes. It) AT IS A CORPORATION, LIN JST BE REGISTERED AND / 111a. (Do NOT Use Fost Office Box A 11306 N.W. 15TH COURT	MITED PAR ACTIVE W Unification (International) P	TNERSHIP OR OTHI ITH THIS OFFICE. City. State & Zip Code EMBROKE PINES FL 330 40000 -03/ ****	Inc. Registration/ Document Number P95000039464 P950000039464 P95	
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA MU 11. Name(s) of General Partner(s) E.V.M., INC.	At IS A CORPORATION, LIN JST BE REGISTERED AND A 11a. (Do NOT Use Fost Office Box A 11306 N.W. 15TH COURT 11306 N.W. 15TH COURT	RITED PAR ACTIVE W Unifications) 11b. P P P An amendm alify for the exemptination supplied is de	TNERSHIP OR OTHI ITH THIS OFFICE. City. State & Zip Code EMBROKE PINES FL 330 40000 -03/ **** ent must be filed to ch on stated in Section 119.07(3)(k), Fiorid terred exempt from public access. I fur	R BUSINESS ENTITY 11c. Registration/ Document Number P95000039464 2103924-9 04/9701093005 *191.25 *****191.25 astautes. I release the Division of her certify that the information indicated on	
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA MU 11. Name(s) of General Partner(s) E.V.M., INC. Note: General partners MAY N 12. I do hereby certify that the information supplied Corporations from any liability of non-compliance this annual report is true and accurate and that it	At IS A CORPORATION, LIN JST BE REGISTERED AND A 11a. (Do NOT Use Post Office Box N 11306 N.W. 15TH COURT 11306 N.W. 15TH COURT 11306 N.W. 15TH COURT SOT be changed on this form; a with this filing is voluntarily furnished and does not qui e with Section 119.07(3(k) in the event that the Inform my signature shall have the same legal elfects as if may y chapter 620, Florida Statutes.	RITED PAR ACTIVE W Unifers) 11b. P P P All to the exempti- vation supplied is de ade under oath. I fur	TNERSHIP OR OTHI ITH THIS OFFICE. City. State & Zip Code EMBROKE PINES FL 330 40000 -03/ **** ent must be filed to ch or stated in Section 119 07(3)(k). Florid borned exempt from public access. I fur ther certify that I am a General Partner	Registration/ Document Number 11c. Registration/ Document Number P95000039464 2103924-9 04/9701093005 *191.25 *****191.25 *****191.25 ******191.25 Ange a general partner/ her certify that the information indicated on of the limited partnership, receiver or trustee	

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