FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000000795

HI.E.D 98 OCT -7 All 8: 26



REIBACK FAMILY INVESTMI	ENTS, LTD. QO	SW.			
Mailing Address 3 GROVE ISLE DRIVE. APT. 801 MIAMI FL 33133	Principal Office Address 3 GROVE ISLE DRIVE. APT. 801 MIAMI FL 33133		3. Date Formed or Registered 05/24/1995 3a. Date of Last Report 12/01/1997	5a. Capital Contributions as Shown on record. \$708,280.39	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions In FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0585028	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required Nake check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Cu	rrent Registered Agent		10. If changed, new Register	ed Agent/Office	
BERGER, ADOLPH J 3 GROVE ISLE DR. #801				s (P.O. Box Number Is Not Acceptable)	
MIAMI FL 33133		Sulte, Apt.	#, etc	FL Zip Code	
agent. I am familiar with, and accept the obliging signature (Registered Agent Accepting Appointment A GENERAL PARTNER TH	0	LIMITED	PARTNERSHIP OR OTHI		
11. Name(s) of General Partner(s)	11a. Address of Each Gene		11b. City, State & Zip Code	11c. Registration/	
REIBACK INVESTMENTS, INC.	3 GROVE ISLE DRIVE, A		MIAMI FL 33133	P 95 000034802	
			1000026 -10/13/ *****5	662 2414 /9801022001 26.25 ****526.25	
Note: General partners MAY N	OT be changed on this for	m; an am	endment must be filed to ch	ange a general partner.	
 I do hereby certify that the information supplied v Corporations from any liability of non-compliance this annual report is true and accurate and that n 	with this filing is voluntarily furnished and does no with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects a	ot qualify for the Information supp is if made under		Statutes. I release the Division of or certify that the information indicated on if the limited partnership, receiver or trustee	

Typed or Printed Name of General Partner Signing Form HECENE BERGER

Daytime Telephone Number