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

SIGNATURE

1a. DOCUMENT # A95000001282

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 15 PM 12: 25

FLORIDA CLUB CARE C	ENTER OPERATING CO.,	LIMITED				
Malling Address	Principal Office Address		3. Date Formed or Registered	3. Date Formed or Registered 08/28/1995 3a. Date of Last Report 5a. Capital Contributions as Shown on record. \$1,000.00		
1114 WYNWOOD AVENUE CHERRY HILL NJ 080 02	220 SIERRA DRIVE MIAMI FL 33179-3855					
			09/29/1997 4. State or Country of Formation	5b. Amour Contrib	it of Capital outions in FLORIDA	
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		to date :		
Suite, Apt. #, etc.	Sulte, Apt. #, etc.			Applied For Not Applicable		
City & State	City & State				\$8.75 Additional	
Zip Country	Zip	Zip Country 8. Make check payable to: Dept. of State		State (See rever	<u>_</u>	
9. Name and Address	of Current Registered Agent		10. If changed, new Registered	Agent/Office		
OSHINSKY, LEONARD P.A.	ID OURTE A	Name Street Address (I	P.O. Box Number la Not Acceptabl			
1150 E. HALLANDALE BEACH BLVD., SUITE A HALLANDALE FL 33009-4432		Suite, Apt. #, etc.				
_		City		FL	Zip Code	
10a. Pursuent to the provisions of sections 6 for the purpose of changing its registers agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appole	20.1051 and 620.192, Florida Statutes, the above-named office or registered agent, or both, in the State of Flore obligations of section 620.192, Florida Statutes.	ned limited partnership rida. Such change wa	s authorized by its general partner(s). hereb	Accept the app	submits this statement ointment of registered 179-007 *****141.25	
A GENERAL PARTNER	THAT IS A CORPORATION, MUST BE REGISTERED AN	ND ACTIVE	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSIN	IESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B	ral Partner Box Numbers) 11	b. City, State & Zip Code	11c.	Registration/ Document Number	
OZAL, INC.	1114 WYNWOOD AVEN	UE	CHERRY HILL NJ 08002	F95000004136		
				C	Jalle 1	

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 jurished 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 spall 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 trustees.