
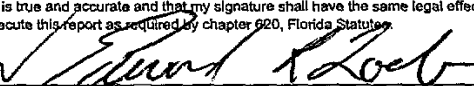


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 31 AM 9:48	
1. Name of Limited Partnership LOEB FAMILY INVESTMENTS, LTD.		1a. DOCUMENT # A95000001345			
Mailing Address 770 CLAUGHTON IS. DR., SUITE 813 MIAMI FL 33131		Principal Office Address 770 CLAUGHTON IS. DR., SUITE 813 MIAMI FL 33131		3. Date Formed or Registered 09/07/1995	
				3a. Date of Last Report 04/23/1998	
				4. State or Country of Formation FL	
2. Mailing Address 3301 PONCE DE LEON BLVD. SUITE, APT. #, etc. # 300 CITY & STATE CORAL GABLES, FL ZIP 33134 MIAMI-DADE		2a. Principal Office Address 3301 PONCE DE LEON BLVD SUITE, APT. #, etc. # 300 CITY & STATE CORAL GABLES, FL ZIP 33134 MIAMI-DADE		5a. Capital Contributions as Shown on record. \$250,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date: 250,000.	
				6. FEI Number 65-0643793 <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 LOEB, EDWARD 770 CLAUGHTON IS. DR., SUITE 813 MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 3301 PONCE DE LEON BLVD Suite, Apt. #, etc. # 300 City CORAL GABLES FL Zip Code 33134			
10a. Pursuant to the provisions of sections 620.1051 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) LOEB INVESTMENTS, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 770 CLAUGHTON IS. DR. 3301 PONCE DE LEON BLVD # 300		11b. City, State & Zip Code CORAL GABLES FL MIAMI FL 33131 33134	
				11c. Registration/Document Number P95000064746 4000002748684--0 -01/20/99--01108--022 ****526.25 ****526.25	
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 		EDWARD LOEB, PRESIDENT		DATE 10/16/98	
Typed or Printed Name of General Partner Signing Form		EDWARD LOEB, PRESIDENT		Daytime Telephone Number (305) 446-3388	

CR2E003 (8/98)