

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
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1. Name of Limited Partnership

1a. DOCUMENT #
A95000001518

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR - 8 AM 11:45

GROSS FAMILY LIMITED PARTNERSHIP #1, LTD.

Mailing Address 4602-Bayberry-Lane- Tamarac, FL--33319-3111	Principal Office Address 5500 NW 69th Avenue, Apt. #424	3. Date Formed or Registered 10/10/95	5a. Capital Contributions as Shown on record 3,000,000
2. Mailing Address 12 Cooper Road Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc. 5500 NW 69th Avenue, Apt. #424	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 3,000,000
City & State Scarsdale, NY	City & State Lauderhill, FL	4. State or Country of Formation Florida	6. FEI Number 65-0643520 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 10583	Country U.S.	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)		10. If changed, new Registered Agent/Office	

9. Name and Address of Current Registered Agent

**PAUL S. LABINER
2255 Glades Road, Suite 422A
Boca Raton, FL 33431**

Name

GAYE MOELIS

Street Address (P.O. Box Number is Not Acceptable)

4534 Hazleton Lane

Suite, Apt. #, etc.

City

Lake Worth

Zip Code

FL 33467

10a. Pursuant to the provisions of Sections 620.1091 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)

Gaye Moelis

DATE

3/10/98

**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) SHIRLEY GROSS, Trustee of the SHIRLEY GROSS Revocable Trust, dtd. 07/25/96	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5500 NW 69th Ave., Apt. #424	11b. City, State & Zip Code Lauderhill, FL 33319	11c. Registration/ Document Number 400002488704--0 -04/14/98-1098--012 ****541.25 ****541.25
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CR2E003 (6/97)

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

Shirley Gross

3/10/98