

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

97 FEB -4 PM 2: 36



<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>A95000001609</b>
<b>PBM MANAGERS LTD.</b>	

Mailing Address <b>180 N. LASALLE ST. SUITE 2210 CHICAGO IL 60601</b>		Principal Office Address <b>140 INTRACOASTAL POINTE DRIVE, SUITE 404 JUPITER FL 33477</b>		<b>3.</b> Date Formed or Registered <b>10/25/1995</b>	<b>5a.</b> Capital Contributions as Shown on record.  <b>\$1,900.00</b>
				<b>3a.</b> Date of Last Report <b>12/14/1995</b>	
<b>2.</b> Mailing Address		<b>2a.</b> Principal Office Address		<b>4.</b> State or Country of Formation <b>FL</b>	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:  <b>\$5,000.00</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>6.</b> FEI Number <b>65-0615073</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		<b>7.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip Country		Zip Country		<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9.</b> Name and Address of Current Registered Agent	<b>10.</b> If changed, new Registered Agent/Office
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City <b>FL</b> Zip Code

**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
<b>PBMGP INC.</b>	<b>140 INTRACOASTAL POIN</b>	<b>JUPITER FL 33477</b>	<b>P95000081837</b>
		<b>3000002078573--6</b> <b>-02/05/97--01063--001</b> <b>****191.25 ****191.25</b>	
	<i>dec 191.25</i>		

**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 and I 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 MARK A. EMALFARB DATE 12-30-96  
**MARK A. EMALFARB, President of PBMGP INC., General Partner**  
Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number **561-743-1081**

CR2E003 (6/96)