

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 APR -8 PM 2:00



1. Name of Limited Partnership	1a. DOCUMENT # <b>A95000001683</b>
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SENTINEL CREDIT LTD.

Mailing Address 1515 UNIVERSITY DR #204C CORAL SPRINGS FL 33071	Principal Office Address 1515 UNIVERSITY DR #204C CORAL SPRINGS FL 33071	3. Date Formed or Registered 11/06/1995	5a. Capital Contributions as Shown on record. \$900,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/17/1995	5b. Amount of Capital Contributions in FLORIDA to date: 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number APPLIED FOR 65-061668
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent FLORIDA-LAWDOCK, INC. ESPERANTE BUILDING 222 LAKEVIEW AVE., FOURTH FLOOR WEST PALM BEACH FL 33402-3188	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) SENTINEL CREDIT CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4400 N. FEDERAL HIGHW	11b. City, State & Zip Code BOCA RATON FL 33431	11c. Registration/ Document Number P85000084970 8000002137848--6 -04/09/97--01071--001 ****156.25 ****156.25 48
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**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 20, Florida Statutes.

SIGNATURE

DATE 4/2/97

Typed or Printed Name of General Partner Signing Form

IVAN HOBER

Daytime Telephone Number

954.796.8915