

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

FILED

97 MAY -8 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

1. Name of Limited Partnership  ROMAR GROUP, LTD.	1a. DOCUMENT # A95000002037
---	--------------------------------



Mailing Address % DANIEL A. BARR, CPA. COMMERCIAL ACCT. SERVICES. 400 NW 70TH AVE. SUITE 105 PLANTATION FL 33317	Principal Office Address % DANIEL A. BARR, CPA. COMMERCIAL ACCT. SERVICES. 400 NW 70TH AVE. SUITE 105 PLANTATION FL 33317	3. Date Formed or Registered 12/26/1995	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address 8220 STATE ROAD 84 Suite, Apt. #, etc. # 200 City & State DAVIE FL Zip 33324 Country BROWARD	2a. Principal Office Address 8220 STATE RD 84 Suite, Apt. #, etc. # 200 City & State DAVIE FL Zip 33324 Country BROWARD	3a. Date of Last Report 02/01/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	6. FEI Number APPLIED FOR 150628997
		7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent DANIELS, NICHOLAS M THERREL BAISDEN MEYER & WEISS 1111 LINCOLN ROAD MALL S-500 MIAMI BEACH FL 33139	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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)

000002171580--0  
-05/08/97--01102--007  
\*\*\*\*191.25 \*\*\*\*191.25

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) MURO, INC. % DANIEL A. BARR,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 400 NW 70TH AVE., SUITE 105 8220 STATE ROAD 84 #200	11b. City, State & Zip Code PLANTATION FL 33317 DAVIE FL 33324	11c. Registered Document Number P05000006874
---	---	--	---

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 effect 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

DATE

9-10-96

Typed or Printed Name of General Partner Signing Form

DANIEL A BARR

Daytime Telephone Number