

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 26 PM 3:07



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1. Name of Limited Partnership D PARTNERS, LTD.		1a. DOCUMENT # A96000000289	
Mailing Address 7811 NW 85TH AVENUE TAMARAC FL 33321		Principal Office Address 7811 NW 85TH AVENUE TAMARAC FL 33321	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 02/09/1996		5a. Capital Contributions as Shown on record. \$153,920.00	
3a. Date of Last Report 01/17/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$153,920.00	
4. State or Country of Formation FL		6. FEI Number 65-0641883 <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 informa	

9. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A 2300 GLADES RD. STE. 302E BOCA RATON FL 33431	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) DIAMOND, ISADORE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7811 NW 85TH AVE.	11b. City, State & Zip Code TAMARAC FL 33321	11c. Registration/ Document Number 100002419891--2 -02/03/98-01065--001 ****541.25 ****541.25
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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 in 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

DATE

Typed or Printed Name of General Partner Signing Form **X ISADORE DIAMOND**

Daytime Telephone Number **X 954-726-3005**