

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

FILED

97 JAN 17 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000318

LEIB LIMITED PARTNERSHIP



98 1/23

Mailing Address
**20421 NE 7TH COURT
NORTH MIAMI BEACH FL 33179**

Principal Office Address
**20421 NE 7TH COURT
NORTH MIAMI BEACH FL 33179**

3. Date Formed or Registered
02/12/1996

5a. Capital Contributions as Shown on record.

\$500.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

6. FEI Number

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**DOLCHIN, STEVEN B
4330 SHERIDAN ST.
THE OAKS, STE. 202B
HOLLYWOOD FL 33021**

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)

[Signature]

DATE

12-9-96

**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)

LAIB, MALKA

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

20421 NE 7TH COURT

11b. City, State & Zip Code

NORTH MIAMI BEACH FL

11c. Registration/Document Number

**900002066939--7
-01/24/97--01008--010
***191.25 ***191.25**

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

[Signature]

DATE

12-9-96

Typed or Printed Name of General Partner Signing Form

MALKA LAIB

Daytime Telephone Number

(305) 947-4744

CR2E003 (6/96)