

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -9 PM 4:20



1. Name of Limited Partnership	1a. DOCUMENT # A96000001031
LUSHAN INVESTMENTS LIMITED	

Mailing Address 7532 VALENCIA DRIVE BOCA RATON FL 33433		Principal Office Address 7532 VALENCIA DRIVE BOCA RATON FL 33433	3. Date Formed or Registered 05/31/1996	5a. Capital Contributions as Shown on record. \$700,000.00
2. Mailing Address		2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 700,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State		City & State	6. FEI Number 65-066 983	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country	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 information)				

9. Name and Address of Current Registered Agent LUSHAN, DANIEL 7532 VALENCIA DRIVE BOCA RATON FL 33433	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, if not a street address) 3000002142929--6 04/15/97-01002-006 Suite, Apt. #, etc. ***\$50.00 ***\$50.00 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) LUSHAN, DANIEL	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7532 VALENCIA DRIVE	11b. City, State & Zip Code BOCA RATON FL 33433	11c. Registration/Document Number OK 4-11
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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(6)(f). 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 _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (11/96)