

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 29 AM 9:37

1. Name of Limited Partnership  
FOX PARTNERS, LTD.

1a. DOCUMENT #  
A96000001052



Mailing Address <del>6095 NORTH COURSE DR.</del> <del>BLDG. 52. APT. 1004</del> <del>POMPANO BEACH FL 33062</del>		Principal Office Address <del>3035 NORTH COURSE DR.</del> <del>BLDG. 52. APT. 1004</del> <del>POMPANO BEACH FL 33062</del>		3. Date Formed or Registered 05/31/1996	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address 1209 4th Street Suite, Apt. #, etc. New Orleans, LA City & State 70130 USA Zip Country		2a. Principal Office Address 2161 Palm Beach Lakes Blvd Suite, Apt. #, etc. Ste 304 City & State W Palm Beach, FL Zip Country 33409 USA		3a. Date of Last Report 12/18/1997	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation FL	
				6. FEI Number 65-0670033	<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 information)					

9. Name and Address of Current Registered Agent TANNENBAUM, MICHAEL D 2161 PALM BEACH LAKES BLVD., STE. 304 WEST PALM BEACH FL 33409	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) FOX, MARJORIE FOX AARONS, SHELLEY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1209 4TH STREET 111 W. 67TH STREET, #	11b. City, State & Zip Code NEW ORLEANS LA 70130 NEW YORK NY 10023	11c. Registration/Document Number 600002745086--9 -01/15/98--01128--021 ****526.25 ****526.25
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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 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

*Marjorie Fox*

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

Marjorie Fox

Daytime Telephone Number

504 891 4239

CR2E003 (8/98)