

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Monham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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HC 1/23

1. Name of Limited Partnership AARON AND HELEN HERSKOWITZ PARTNERSHIP, LTD.	1a. DOCUMENT # A96000001091
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Mailing Address 4990 S.W. 64th Place Miami, FL 33155	Principal Office Address same
2. Mailing Address P.O. Box 22038 Suite, Apt. #, etc.	2a. Principal Office Address P.O. Box 22038 Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33335	Zip 33335
County Broward	County Broward

3. Date Formed or Registered June 10, 1996	5a. Capital Contributions as Shown on record \$3,500,000
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$1,333,094.60
4. State or Country of Formation DADE, FL	6. FEI Number 65-0672886
7. Certificate of Status Desired ☒ \$0.75 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 Howard Herskowitz 212 S.E. 8th St., #101 Fort Lauderdale, FL 33316	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 620.1061 and 620.102, 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 620.102, Florida Statutes.

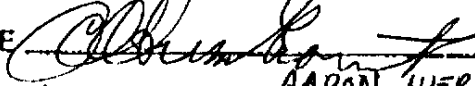
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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) Aaron Herskowitz Helen Herskowitz	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4990 S.W. 64th Place 4990 S.W. 64th Place	11b. City, State & Zip Code Miami, FL 33155 Miami, FL 33155	11c. Registration/Document Number N/A N/A
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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 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(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  DATE 12/19/96
 Typed or Printed Name of General Partner Signing Form AARON HERSKOWITZ Daytime Telephone Number 305-667-7379

CR2E003 (6/96)