考に こ OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1

DOCUMENT # A96000001107

97 NOV -6 AM 10: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

THE RILIM	FAMILY LIMI	TEN PARTN	FRSHIP

		<u> </u>	0 Date 5	Eq. o -Net Outelland		
alling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.		
IO TEQUESTA DR.	410 TEQUESTA DR.		06/10/1996	\$750.00		
EQUESTA FL 33469	TEOUESTA FL 33469		3a. Date of Last Report	\$730.00		
			11/14/1996	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
ar Mailing Address	Thiopal Office Address		FL			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		0 982 Applied For		
City & State	City & State		APPLIED FOR	Not Applicable		
			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee Informati		
9. Name and Address of C	Current Registered Agent		10. If changed, new Registered Agent/Office			
BLUM, ARNOLD L		Name				
410 TEQUESTA DR.			Street Address (P.O. Box Number Is Not Acceptable)			
TEQUESTA FL 33469		Suite, Apt. #, etc.				
		City		Zip Code		
		<u> </u>		FL		
for the purpose of changing its registered of agent. I am familiar with, and accept the obl	flice or registered agent, or both, in the State of Flo igations of section 620.192, Florida Statutes.	orida. Such change wa	as authorized by its general partner(s). I her	he State of Florida, submits this stateme		
for the purpose of changing its registered of agent. I am familiar with, and accept the obl IGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	lice or registored agent, or both, in the State of Fidingations of section 620.192, Florida Statutes. ant)	orida. Such change wa Blu LIMITED PA	DATE RTNERSHIP OR OTHE	he State of Florida, submits this statement by accept the appointment of registers $4/a/97$		
for the purpose of changing its registered of agent. I am familiar with, and accept the obling AGENERAL PARTNER THE	lice or registored agent, or both, in the State of Fix igations of section 620.192, Florida Statutes. ρ	BLL BLIMITED PA ID ACTIVE V	DATE NRTNERSHIP OR OTHE WITH THIS OFFICE.	he State of Florida, submits this statement by accept the appointment of registers $4/a/97$		
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agent. I am familiar with, and accept the oblining Agent. I am familiar with, and accept the oblining Agent Accepting Appointme A GENERAL PARTNER THE MILL. Name(s) of General Partner(s) BLUM, ARNOLD L	Ince or registored agent, or both, in the State of Ficingations of section 620.192, Florida Statutes. AT IS A CORPORATION, IUST BE REGISTERED AN 11a. (Do NOT Use Post Office B	BLU LIMITED PA ID ACTIVE \(at Partner (ox Numbers) 11	DATE IRTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code TEQUESTA FL	he State of Florida, submits this statement by accept the appointment of registers 4/2/97 R BUSINESS ENTITY		

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 kinual 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.

SIGNATUR	Ε
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Typed or Printed Name of General Partner Signing Form

Amulal 2. Bln
ral Partner Signing Form. Amold Bln