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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1997	DIVISION OF	CORPORATIONS	^{7 ∂} 96 DEC 30	PM 2: 5	2	
1. Name of Limited Partnership	1a. DOCUI A960000	MENT # 01131		44111 4 2112 4		
PREAM HOUSE PRODUC	TIONS, LTD.	**************************************				
tailing Address Principa: Office Address 326 71ST STREET 326 71ST STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141			3. Date Formed or Registered 06/13/1996 3a. Date of Last Report	58. Capital Contributions as Shown on record. \$5,000.00 5b. Amount of Capital Contributions in Ft ORIDA to date:		
2. Mailing Address	iling Address 2a. Principal Office Address		4. State or Country of Formation			
Suite, Apt #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired	R	\$8.75 Additional Fee Required	
Zip Country	\ \text{\sqrt} \ \text{\sqrt}	Zip Country		Make check payable to. Dept. of State (See reverse side for fee informatic		
9, Name and Address	of Current Registered Agent		10. If changed, new Registere	d Agent/Office		
LITTMAN, ERIC P		Name				
1428 BRICKELL AVENUE		Street Address (P.O. Box Number Is Not Acceptable)				
8TH FLOOR MIAMI FL 33131		Suite. Apt. #, etc.				
1111 1 E 00 10 1		City	y FL Zip Code			
for the purpose of changing its registere agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appor	THAT IS A CORPORATION MUST BE REGISTERED A	Florida. Such change I, LIMITED I	DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSI	appointment of registered	
11. Name(s) of General Partner(s)	Address of Each Ge 11a. (Do NOT Use Post Office	e Box Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
DREAM HOUSE PRODUCTIONS,	INC 326 71ST STREET		MIAMI BEACH FL 33141 F		96000049838 5666 1021006 ****200.00	
	Y NOT be changed on this fo		·			

tes. I release the Division of
rtify that the information indicated on
mited partnership, receiver or trustee
mited partr

SIGNATURE

Typed or Printeo Name of General Partner Signing Force

Trummerytime Telephone Number