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

1. Name of Limited Partnership

1a. DOCUMENT # A96000001399 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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ROSENFIELD FAMILY PARTNERSHIP, LTD.				
Mailing Address 4310 ANDERSON ROAD CORAL GABLES FL 33146	Principal Office Address 4310 ANDERSON ROAD CORAL GABLES FL 33146		3. Date Formed or Registered 07/26/1996 3a. Date of Last Report 01/02/1998	5a. Capital Contributions as Shown on record. \$45,482,559.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL 6. FEI Number	\$ to date: 36,014,978
City & State Zip Country	City & State Zip Country		65-0686559 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office	
ROSENFIELD FAMILY CORP. 4310 ANDERSON ROAD CORAL GABLES FL 33146		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
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) ROSENFIELD FAMILY CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4310 ANDERSON ROAD		1b. City, State & Zip Code CORAL GABLES FL 33146	P96000062670
•			1 00002 -12/10 ****\$	7092211 /3301084025 35.00 ****535.00
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 nor 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 this part is same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee				