FILE ON 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

DOCLIMENT #

98 JAN -2 AM 8: 56



1. Name of Limited Partnership	. .	A9600001531				
SEIBERT FAMILY HOLDING	S LIMITED PARTNERS	HIP				
Mailing Address	Principal Office Address	Principal Office Address		5a. Cap	ital Contributions as wn on record	
2600 MARION DRIVE FT. LAUDERDALE FL 33316	2600 MARION DRIVE FT. LAUDERDALE FL 33316		08/15/1996 3a. Date of Last Report 01/03/1997	<u> </u> _	\$2,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	S	4. State or Country of Formation	on Con	tributions in FLORIDA ate:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		7	Applied For	
City & State	City & State			·	Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: De	pt. of State (See re		
9, Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment)	ce or registered agent, or both, in the State o pations of section 620, 192, Florida Statutes nt)	of Florida. Such cha	inge was authorized by its general partner(s).	I hereby accept th	e appointment of registered	
A GENERAL PARTNER TH	<u>UST BE REGISTERED A</u>	AND ACTIV	VE WITH THIS OFFICE.	HER BUS		
11. Name(s) of General Partner(s)	Address of Each Ge (Do NOT Use Post Office	eneral Partner ce Box Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
SEIBERT FAMILY HOLDINGS, INC	2600 MARION DRIVE	2600 MARION DRIVE			P96000068035 4.067765 79801073014	
			~U1/ ***	21/380 *541.25	1073014 ****541.25	
Note: General partners MAY N	IOT be changed on this fo	orm; an am	endment must be filed to	change a c	jeneral partner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliance	with this filing is voluntarily furnished and doe	es not qualify for the	e exemption stated in Section 119.07(3)(k), FI	orida Statutes, I rei	ease the Division of	

re shall have the same agal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form 591650 FRANCY WOURANGE, INC. Daytime Telephone Number 954.52