

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 NOV -4 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>A96000001590</b>
LILLIE ROSEN FAMILY LIMITED PARTNERSHIP	



Mailing Address 5301 FLAMINGO PLACE COCONUT CREEK FL 33073	Principal Office Address 5301 FLAMINGO PLACE COCONUT CREEK FL 33073
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <b>08/19/1996</b>	5a. Capital Contributions as Shown on record. <b>\$2,429,072.00</b>
3a. Date of Last Report <b>11/22/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>2,429,072.00</b>
4. State or Country of Formation <b>FL</b>	
6. FEI Number <b>65-0689082</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>
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10. If changed, now Registered Agent/Office
Name
Street Address (P.O. Box Number is not applicable) <b>100002339394-1</b>
Suite, Apt. #, etc. <b>-11/05/97--01094--024</b>
City <b>FL</b>
Zip Code <b>****541.25 ****541.25</b>

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FIELD, ILENE TRUSTEE SILVER, HERBERT J	110 CARRIAGE WAY 5301 FLAMINGO PLACE	WILMETTE IL 60091 COCONUT CREEK FL 3307	

**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 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 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 Ilene Field, Jr. DATE OCT 28, 1997

Typed or Printed Name of General Partner Signing Form ILENE FIELD Daytime Telephone Number 847-256-4850

CR2E003 (6/97)