

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
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FILED

97 NOV 17 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership NCS PARTNERS LTD.	1a. DOCUMENT # A96000001632 98-AR CM
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Mailing Address 2826 E. OAKLAND PARK BLVD., #300 FT. LAUDERDALE FL 33308	Principal Office Address 2826 E. OAKLAND PARK BLVD., #300 FT. LAUDERDALE FL 33308	3. Date Formed or Registered 08/28/1996	5a. Capital Contributions as Shown on record. \$108,900.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 11/08/1996	5b. Amount of Capital Contributions in FLORIDA to date.
		4. State or Country of Formation FL	6. FEI Number 65-0700539 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 ROJAS, MARCO A 2826 E. OAKLAND PARK BLVD., #300 FT. LAUDERDALE FL 33308	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 3000002357143--0 Suite, Apt. #, etc. -11725797--01086--002 City ****541.25 ****541.25 FL Zip Code
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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) COLD STORAGE HOLDINGS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2826 E. OAKLAND PARK	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/Document Number P95000067856
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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 authorized to execute this report as required by chapter 620, Florida Statutes.



DATE 11-15-97

Typed or Printed Name of General Partner Signing Form **Cold STORAGE HOLDINGS, INC.** Daytime Telephone Number **(954) 564-1928**

CR2E003 (6/97)