

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 12 AM 10:35

LR 11/15

1. Name of Limited Partnership:	1a. DOCUMENT # A96000001736
RM Associates, Ltd.	

Mailing Address 301 - 174 Street, #1017 North Miami Beach, FL 33160	Principal Office Address 301 - 174 Street, #1017 North Miami Beach, FL 33160	3. Date Formed or Registered Sept. 19, 1996	5a. Capital Contributions as Shown on record 990.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report n/a	5b. Amount of Capital Contributions in FLORIDA to date. 990.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation Florida	6. FEI Number 65-0694554 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent Jonathan Feuerman, Esquire c/o Therrel Baisden & Meyer Weiss 1111 Lincoln Road, Suite 500 Miami Beach, Florida 33139	10. If changed, new Registered Agent/Office Name 790002008697-4 Street Address (P.O. Box Number Is Not Acceptable) 11/19/96-01156-007 Suite, Apt. #, etc. ***200.00 ***200.00 City 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) Ruth Morgenstern Enterprises, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 301-174 Street, #1017	11b. City, State & Zip Code N. Miami Beach, FL 33160	11c. Registration Document Number P96000078018
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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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

11/4/96

Typed or Printed Name of General Partner Signing Form

Karen Morgenstern, Vice Pres.

Daytime Telephone Number

CR2E003 (6/96)