

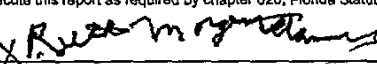


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -7 PM 3:41	
1. Name of Limited Partnership  RM ASSOCIATES, LTD.		1a. DOCUMENT # A96000001736			
Mailing Address 301 - 174TH STREET, #1017 NORTH MIAMI BEACH FL 33160		Principal Office Address 301 - 174TH STREET, #1017 NORTH MIAMI BEACH FL 33160		3. Date Formed or Registered 09/19/1996 3a. Date of Last Report 10/16/1997 4. State or Country of Formation FL 6. FEI Number 65-0694554 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)	
2. Mailing Address Same as above		2a. Principal Office Address Same as above		5a. Capital Contributions as Shown on record. \$702,900.00 5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip Country		Zip Country			
9. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN & MEYER WEISS 1111 LINCOLN ROAD MALL, SUITE 500 MIAMI BEACH FL 33139				10. If changed, new Registered Agent/Office Name Feuerman, Jonathan Esq. %Therrel Baisden, P.A. Street Address (P.O. Box Number is Not Acceptable) SunTrust International Ctr. 1 S.E. 3rd Ave. Suite, Apt. #, etc. Suite 2400 City Miami Zip Code FL 33131	
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	
RUTH MORGENSTERN ENTERPRISES		301 - 174TH STREET, #		NORTH MIAMI BEACH FL	
				P96000078018	
				200002708352--4 -12/10/98--01010--008 ****526.25 ****526.25	
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 11/28/98					
Typed or Printed Name of General Partner Signing Form Ruth Morgenstern Daytime Telephone Number (305) 935-0580					

CR2E003 (8/98)