

**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 26 AM 11:05

**1. Name of Limited Partnership:**  
Natmart, Ltd.

**1a. DOCUMENT #**  
A96000001757

**2. Mailing Address:**  
800 NE 195th Street  
Suite, Apt. #, etc.  
720  
Miami, Florida

**2a. Principal Office Address:**  
800 NE 195th Street  
Suite, Apt. #, etc.  
720  
Miami, Florida

City & State: Miami, Florida  
Zip: 33179 Country: USA

**3. Date Formed or Registered:** 9/20/96

**3a. Date of Last Report:** N/A

**4. State or Country of Formation:** Florida

**5a. Capital Contributions as Shown on record:** \$1,000,000

**5b. Amount of Capital Contributions in FLORIDA to date:** \$1,000,000

**6. FEI Number:**  Applied For  Not Applicable

**7. Certificate of Status Desired:**  \$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:**  
M & W Agents, Inc.  
Robert A. Chaves, Esq.  
2101 Corporate Boulevard, Suite 216  
Boca Raton, Florida 33431

**10. If changed, new Registered Agent/Office:**

Name: \_\_\_\_\_  
Street Address (P.O. Box Number Is Not Acceptable): \_\_\_\_\_  
Suite, Apt. #, etc.: \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

**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  |
|-----------------------------------|---|-----------------------------|--|
| Ginsburg Holdings, Inc.           | 800 NE 195th Street<br>Apt. 720   | Miami, FL 33179             | 65-0694898<br>746 000076008<br>100002021061--2<br>-12/05/96--01063--014<br>****576.25 ****576.25 |

**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: \_\_\_\_\_ By **Ginsburg Holdings, Inc.**  
*Martin Ginsburg*  
Martin Ginsburg DATE: 11/20/96  
Daytime Telephone Number: 305/651-4104

CR2E003 (6/96)