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

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART.  Sandra B.  Secretary  DIVISION OF CO	<b>Mortham</b> of State		FILED		
1. Name of Limited Partnership	1a. DOCUMI	ENT#				
·	98 NOV 23 AH 10: 33					
_		•				
THE WILKOV FAMILY LIMITE	ED PARTNERSHIP		•	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Mailing Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.				
4288 NW 1ST DRIVE	9/26/96					
DEERFIELD BEACH, FL 33442			3a. Date of Last Report	7500.00		
			12/97	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
	Zar Transpar Carce Address		FLORIDA	7500.00		
	Suite, Apt. #, etc.		6. FEI Number 65-0697376	Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional		
Zip Country :	Zip Country		8 Make check payable to: Dept. of	Fee Required  State (See reverse side for fee information)		
9. Name and Address of Current Regi	10. If changed, new Registered Agent/Office					
HOWARD R. WILKOV		Name				
4288 NW 1ST DRIVE DEERFIELD BEACH, FL 334	Street Address (P.O. Box Number Is Not Acceptable)					
DEERFIEDD DEACH FG 554	·42	Suite, Apt. #, etc.				
		City	Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620 for the purpose of changing its registered office or regist agent. I am familiar with, and accept the obligations of se	tered agent, or both, in the State of Flori			e State of Fiorida, submits this statement		
SIGNATURE (Registered Agent Accepting Appointment)			DATE	D DUIONIEGO ENTITY		
A GENERAL PARTNER THAT IS A MUST B	E REGISTERED AND	ACTIVE WIT	TH THIS OFFICE.	K BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner Numbers) 11b.	City, State & Zip Code	11c. Registration/		
WILKOV, HOWARD R.	4288 NW 1ST DRI		FIELD BCH, FL	33442		
			-12/(11/	994652 9801082011 1.25 ****141.25		

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.

SIG	AN	TURI	=_	_/	to wa	rd	/
_				_		_	

HOWARD R. WILKOV

Davtime Telephone Number 954 492 5797

DATE NOV. 20, 1998

NOV 2 4 1998

CH2E003 (8/98)