

**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

SECRET
DIVISION OF CORPORATIONS
96 DEC 11 1:48

1. Name of Limited Partnership
1a. DOCUMENT #
A96000001839

Leibowitz Investments Limited Partnership

2. Mailing Address 1000 Longboat Club Drive Apartment 4045 Longboat Key, Florida 34228		2a. Principal Office Address Same		3. Date Formed or Registered 10/3/96	5a. Capital Contributions as Shown on record \$5,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions - F.D.R.C.A. to date \$600,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation	
City & State		City & State		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		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 information)					

9. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	10. If changed, new Registered Agent Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620, 1081 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 for the firm and accept the obligations of section 620, 192 Florida Statutes.

SIGNATURE: _____ 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) Irwin M. Leibowitz, Trustee of the Irwin M. Leibowitz Revocable Living Trust U/A/D 4/15/88.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1000 Longboat Club Dr. Apartment 4045	11b. City, State & Zip Code Longboat Key, FL 34228	11c. Registrar of Document Number 900002027629--2 -12/12/96--01085--010 ****576.25 ****576.25
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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: *Irwin M. Leibowitz, Trustee* DATE: *11/18/96*

Typed or Printed Name of General Partner Signing Form: **Irwin M. Leibowitz, Trustee** Daytime Telephone Number: _____

CR2E003 (6/96)