


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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 FEB -3 AM 8:19	
<b>1. Name of Limited Partnership</b> Gisser-Stoll-Failla Limited Partnership		<b>1a. DOCUMENT #</b> A9600001892		<b>3. Date Formed or Registered</b> 10-7-96	
<b>2. Mailing Address</b> 21224 Harbor Way Suite 231 Aventura, FL 33180		<b>2a. Principal Office Address</b> Same		<b>5a. Capital Contributions as Shown on record</b> 1,423,295	
<b>2. Mailing Address</b> 21224 Harbor Way Suite, Apt. #, etc. 231 City & State Aventura, FL Zip 33180 USA		<b>2a. Principal Office Address</b> Same Suite, Apt. #, etc. City & State Zip Country		<b>3a. Date of Last Report</b> NA	
				<b>4. State or Country of Formation</b> FL	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> 1,423,295	
				<b>6. FEI Number</b> RECEIVED 650703019 Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> Carl J. Failla 21224 Harbor Way Suite 231 Aventura, FL 33180		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>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.</b>			
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
Carl J. Failla	21224 Harbor Way suite 231	Aventura, FL 33180	096A00046279  al 2-7

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\*\*\*\*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 611, Florida Statutes.**

SIGNATURE X Carl J. Failla DATE 11-3-96  
 Typed or Printed Name of General Partner Signing For Carl J. Failla Daytime Telephone Number (305) 932-7313

CR2E003 (6/96)