

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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra Northam</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB 10 AM 9:06

<b>1. Name of Limited Partnership</b>  BERRIE FAMILY LIMITED PARTNERSHIP	<b>1a. DOCUMENT #</b> A96000001980
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<b>Mailing Address</b> 14745 DRAFT HORSE LN WELLINGTON FL 33414-1008	<b>Principal Office Address</b> 14745 DRAFT HORSE LN WELLINGTON FL 33414-1008
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country

<b>3. Date Formed or Registered</b> 10/24/96	<b>5a. Capital Contributions as Shown on record.</b> 1,958,000.00
<b>3a. Date of Last Report</b> None	<b>5b. Amount of Capital Contributions in FLORIDA to date</b> \$1,958,000.00
<b>4. State or Country of Formation</b> PB City	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. FEI Number</b> 65-0708657	<input type="checkbox"/> \$8.75 Additional Fee Required
<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> BERRIE FAMILY CORP 14745 DRAFT HORSE LN WELLINGTON FL 33414	<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
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**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)

*M P Sevin* PRES.

DATE 12/24/96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> BERRIE FAMILY CORP Amendment filed 2-10-97	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 14745 DRAFT HORSE LN WELLINGTON FL 33414-1008	<b>11b. City, State &amp; Zip Code</b> WELLINGTON FL 33414-1008	<b>11c. Registration/Document Number</b> P96000088175 (6) CR 2-13 300002087113--0 -02/13/97--01091--001 ****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

*M P Sevin* PRES

DATE 12/24/96

Typed or Printed Name of General Partner Signing Form

MURRAY BERRIE

Daytime Telephone Number

561-790-7778

CR2E003 (6/96)