

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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|---|--|
| 1. Name of Limited Partnership Tabin Holdings, Ltd. 21551 Halstead Drive Boca Raton, FL 33428 | 1a. DOCUMENT # A 96000002128 |
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| Mailing Address Tabin Holdings, Ltd. 21551 Halstead Drive Boca Raton, FL 33428 | Principal Office Address |
| 2. Mailing Address Boca Raton 21551 Halstead Dr., FL 33428 Suite, Apt. #, etc. | 2a. Principal Office Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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| 3. Date Formed or Registered November 18, 1996 | 5a. Capital Contributions as Shown on record. \$3,000,000 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date. -0- |
| 4. State or Country of Formation Florida | 6. FEI Number Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 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 fee information) |

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|---|---|
| 9. Name and Address of Current Registered Agent HMT Capital, Inc. 21551 Halstead Drive Boca Raton, FL 33428 | 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 620.1051 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) *Madeline Tabin, President of HMT Capital* DATE **3/7/97**

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

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| 11. Name(s) of General Partner(s) HMT Capital, Inc. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 21551 Halstead Drive | 11b. City, State & Zip Code Boca Raton, FL 33428 | 11c. Registration/Document Number P96000088883 |
|---|--|--|--|

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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 *Madeline Tabin* DATE **2/11/97**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)