FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT . 1998



Typed or Printed Name of General Partner Signing Form . Harold Blerman.

FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

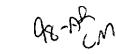
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

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1a. DOCUMENT # **A9600002241**

HERMAN FAMILY, LTD.



FILEO 97 DEC -8 PM 12: 06 SECRETARY OF STATE TATTAMASSEE, FLORIDA



Daytime Telephone Number 954-485-3729

Malling Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O MACLEAN AND EMA	C/O MACLEAN AND EMA		12/09/1996	\$000 000 00
2600 N.E. 14TH STREET CAUSEWAY		2600 N.E. 14TH STREET CAUSEWAY		\$880,000.00
POMPANO BEACH FL 33062	POMPANO BEACH FL 33062		12/30/1996	5b. Amount of Capital
			4. State or Country of Formation	Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		FL FL	
ouite, Apr. 4, etc.	Saite, Apr. 4, etc.		6. FEI Number 65 - C	75888 Applied For
City & State	City & State		APPLIED FUR	Not Applicable
			7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Country	R Malia abadi nambia ta Dant	of State (See reverse side for fee information)
	The state of the s		Make check payable to. Dept.	or State (See reverse side for see information)
9. Name and Address of Curr	ent Registered Agent	1	10. If changed, new Registe	ered Agent/Office
		Name		
MACLEAN, LAURA G ESQUIRE		Street Address (P.O. Box Number is Not Acceptable)		
C/O MACLEAN AND EMA		Sitest Address (F.O. Box Northber 15 Not Acceptable)		
2800 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33082		Suito, Apt #, etc. 9000023751390		
		-12/17/9701078 _{ods} 002		
FOMPANO DEACH FL 33002		C.v.y		
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of F	ned limited partnership o	*非常 rganized or reg stered under the laws o	I the State of Florida, submits this statement
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation signature. (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the Stale of Fons of section 620.192, Florida Statutes. TIS A CORPORATION,	ned limited partnership o lorida. Such change was	****** rganized or reg stered under the laws o authorized by its general partner(s). I h OAT RTNERSHIP OR OTH	I the State of Florida, submits this statement ereby accept the appointment of registered
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