

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT 14 AM 10:51</p> 	
1. Name of Limited Partnership FREED FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A96000002310			
Mailing Address 21332 BELLECHASSE COURT BOCA RATON FL 33433		Principal Office Address 21332 BELLECHASSE COURT BOCA RATON FL 33433		3. Date Formed or Registered 12/13/1996 3a. Date of Last Report 03/12/1997 4. State or Country of Formation FL 6. FEI Number 65-6223546 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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$7,500.00 5b. Amount of Capital Contributions in FLORIDA to date: 0	
9. Name and Address of Current Registered Agent HRAWG CORP. 2000 GLADES ROAD, SUITE 400 BOCA RATON FL 33433					
10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code					
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) _____ 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) FREED, RENEE		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 21332 BELLECHASSE COU		11b. City, State & Zip Code BOCA RATON FL 33433	
1		1		11c. Registration/Document Number 700002321797--2 -10/16/97--01051--018 *****156.25 *****156.25	
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 620, Florida Statutes.					
SIGNATURE <u>Renee Freed</u> DATE <u>9/9/97</u> Typed or Printed Name of General Partner Signing Form <u>Renee Freed</u> Daytime Telephone Number <u>(561) 477-8009</u>					

CR2E003 (6/97)