

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**FILED**  
97 MAR 17 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  3F-LINDA LIMITED PARTNERSHIP	<b>1a. DOCUMENT #</b> <b>A96000002343</b>
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<b>2. Mailing Address</b> 7326 COLLINS AVENUE MIAMI BEACH FL 33141	<b>2a. Principal Office Address</b> 7326 COLLINS AVENUE MIAMI BEACH FL 33141
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3. Date Formed or Registered</b> 12/17/1996	<b>5a. Capital Contributions as Shown on record.</b> \$10.00
<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> to
<b>4. State or Country of Formation</b> FL	
<b>6. FEI Number</b>	<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>  FREEMAN, STEPHEN A C/O FREEMAN, BUTTERMAN & HABER 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131
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<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) \_\_\_\_\_ 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
JERIKA PROPERTIES II, INC.	9509 HARDING AVENUE	MIAMI BEACH FL 33154	P96000101605
3F HOLDING II, INC.	520 BRICKELL KEY DRIV	MIAMI FL 33131	P96000100287

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-03/19/97--01110--018  
\*\*\*\*156.25 \*\*\*\*156.25

dec 156 25 (new fee)

**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 600, Florida Statutes.

SIGNATURE _____ Typed or Printed Name of General Partner Signing Form _____	DATE <b>2/28/97</b> Daytime Telephone Number _____
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CP2E003 (11/96)