
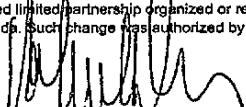


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership THE DIENER FAMILY LIMITED PARTNERSHIP #1		1a. DOCUMENT # A96000002373	
Mailing Address C/O R.M.D. GROUP, INC. 1221 BRICKELL AVE., SUITE 916 MIAMI FL 33131		Principal Office Address C/O R.M.D. GROUP, INC. 1221 BRICKELL AVE., SUITE 916 MIAMI FL 33131	
2. Mailing Address Suite, Apt. #, etc. 12000 Biscayne Blvd #216 City & State Miami, FL Zip 33181		2a. Principal Office Address Suite, Apt. #, etc. 12000 Biscayne Blvd #216 City & State Miami, FL Zip 33181	
3. Date Formed or Registered 12/19/1996		5a. Capital Contributions as Shown on record. \$105,000.00	
3a. Date of Last Report 12/10/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$105,000	
4. State or Country of Formation FL		6. FEI Number 65-0714270	
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)	
9. Name and Address of Current Registered Agent SABRA, RICHARD B ESQ. 1946 TYLER ST HOLLYWOOD FL 33022		10. If changed, new Registered Agent/Office Name Robert B Diener, Esq. Street Address (P.O. Box Number is Not Acceptable) 12000 Biscayne Blvd Suite, Apt. #, etc. Suite 216 City Miami Zip Code FL 33181	
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 12/7/98			
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) R.M.D. GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1221 BRICKELL AVE., S	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number P96000087104
500002715595--6 -12/18/98--01028--021 ****526.25 ****526.25 DEC 15 1998			
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>Michelle Diener</u> for RMD Group, Inc. DATE 12/7/98 Typed or Printed Name of General Partner Signing Form <u>Michelle Diener</u> Daytime Telephone Number <u>(305) 892-6880</u>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)