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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 JUN -6 PM 3:56

DOCUMENT # A 96000002410
 1. Name of Limited Partnership
FLJ WHITMAN LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 8925 Collins Ave.		3. Principal Office Address 8925 Collins Ave		4. Date Formed or Registered To Do Business in Florida 12/17/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0713053	
City & State Surfside, FL.		City & State Surfside, FL.		Applied For Not Applicable	
Zip 33154	Country USA	Zip 33154	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>58.75 Additional Fee required for a Certificate of Status.</small>	
				7. State or Country of Formation FL.	

8a. Capital Contributions as Shown on Record: 5002.00	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in Bb, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in Bb is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date: 5002.00	

9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office	
Michael Fabrikant, Esq. 2500 E. Hallandale Beach Blvd. # 405 Hallandale, FL. 33009		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc. 700002207517--3	
		City -06/10/97-01053-006 ***1041 FL ***1041.25	

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. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Frieda Whitman Joseph Whitman	8925 Collins Ave 300-92 St.	Surfside, FL. 33154 Surfside, FL. 33154	

REINSTATEMENT 97
 AL 6-4

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 Joseph Whitman DATE 5/5/97
 Typed or Printed Name of General Partner Signing Form Joseph Whitman Telephone Number (305) 668-2244

CR2E039 (1/97)