


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortherm Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership Galuten Limited Partnership		1a. DOCUMENT # A96000002412	
Mailing Address 2030 S. Ocean Dr. #414 Hallandale, FL 33009		Principal Office Address 2030 S. Ocean Dr. #414 Hallandale, FL 33009	
2. Mailing Address 2030 S. Ocean Dr. Suite, Apt. #, etc. 414 City & State Hallandale, FL Zip 33009 Country USA		2a. Principal Office Address 2030 S. Ocean Dr. Suite, Apt. #, etc. 414 City & State Hallandale, FL Zip 33009 Country USA	
3. Date Formed or Registered 12/17/96		5a. Capital Contributions as Shown on record \$2,000,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL.		6. FEI Number 65-0713082	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent Michael Fabrikant 2500 E. Hallandale Beach Blvd. Suite 405 Hallandale, FL 33009		10. If changed, new 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) Robert Galuten Hortense Galuten	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2030 S. Ocean Dr. #414 2030 S. Ocean Dr. #414	11b. City, State & Zip Code Hallandale, FL 33009 Hallandale, FL 33009	11c. Registration/Document Number 700002067087--6 -01/24/97--01016--006 ****541.25 ****541.25
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 <i>[Signature]</i>		DATE 12/30/96	
Typed or Printed Name of General Partner Signing Form:		Daytime Telephone Number (954) 454-1081	

CR2E003 (6/96)