

DEBIT MEMORANDUM

* FOR OFFICIAL USE
* DATE NUMBER

TO :
DEPT. OF STATE

A 9600002412

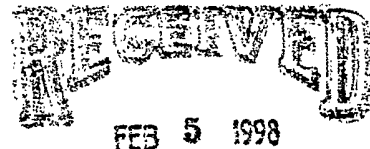
* STATE OF FLORIDA
* OFFICE OF STATE TREASURER
* TALLAHASSEE FLORIDA
*

FUND	AMOUNT	REASON RETURNED	KEY #	*	*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
TRUST	1,627.00	ACCOUNT CLOSED	2	*	2 *
OTHER		UNCOLLECTED FUNDS	3	*	*
TOTAL	1,627.00	OTHER	4	*	*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	1	8.75
012	45-20-2-130001-45300000-00-000100-00	1	10.00
012	45-20-2-130001-45300000-00-000100-00	1	15.00
012	45-20-2-130001-45300000-00-000100-00	2	35.00
012	45-20-2-130001-45300000-00-000100-00	1	42.00
012	45-20-2-130001-45300000-00-000100-00	1	75.00
012	45-20-2-130001-45300000-00-000100-00	4	541.25
012	45-20-2-130001-45300000-00-000100-00	4	900.00

GRAND TOTAL: \$ 1,627.00
=====

82491-C



RECEIVED
PERSONNEL

Process Date: 01/28/98

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

DOUMAR, CURTIS, CROSS, LAYSTROM & PERLOFF

JEFFREY S. WACHS, P.A.
OPERATING ACCOUNT
1177 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FLORIDA 33316

FOR Registration of

California Family Limited Partnership

5240

63-770/670

1/20/97

PAY Five hundred and Fifty Dollars

TO
THE ORDER
OF

Secretary of State

Division of Corporations

UNION BANK OF FLORIDA
FORT LAUDERDALE, FLORIDA

<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Unavailable
<input type="checkbox"/> Account Closed	<input type="checkbox"/> Endorsement
<input type="checkbox"/> Check to Maker	<input type="checkbox"/> Alterations
<input checked="" type="checkbox"/> Signature missing/incomplete	
<input checked="" type="checkbox"/> Other <u>Stop Payment</u>	

⑈005240⑈ ⑆067007703⑆

0041001222⑈

⑈0000054125⑈

26/001/205 X'X'X'X'X'X'X' D25_05 90E390007K

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09 260723 4548 01-22 JAX FL
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 11, 1998

Doumar, Curtis, Cross, Laystrom & Perloff
1177 SE Thrid Ave.
Ft. Lauderdale, FL 33316

SUBJECT: GALUTEN LIMITED PARTNERSHIP
Ref. Number: A96000002412

Lisa Belenson

954-762-3400

954-468-1470
Fax

Debit Memo #: 82491-C

This is to inform you that your check #5240 dated December 18, 1997 in the amount of \$541.25 and submitted for GALUTEN LIMITED PARTNERSHIP has been returned to us by your bank because of Stop Payment.

We request that you remit a cashier's check or money order in amount of \$568.31 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 798A00007935



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 12, 1998

Doumar, Curtis, Cross, Laystrom & Perloff
1177 SE Third Ave.
Ft. Lauderdale, FL 33316

SUBJECT: GALUTEN LIMITED PARTNERSHIP
Ref. Number: A96000002412

Debit Memo #: 82491-C

Due to your failure to respond to our previous letter, your Annual Report for GALUTEN LIMITED PARTNERSHIP has been cancelled and is considered not filed as of March 12, 1998.

Please refer to our previous letter advising you of the returned check.

Section 620.178, Florida Statutes, requires us to give at least 60 days notice of our intent to revoke the certificate of authority of a limited partnership for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$568.31 is not received within 60 days, your limited partnership's certificate of authority will be revoked and a reinstatement fee of an additional \$500 a year or part of a year will be imposed.

Please send your response to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6900.

Melinda Lilliston
Administrative Assistant I

Letter Number: 998A00013692