


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

not per conversation with Buck Kohr
on 1/2/97

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		97 JAN 23 AM 10:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership PAWLIGER FAMILY LIMITED PARTNERSHIP. 6838 NW 77 CT. MIAMI FL. 33166		1a. DOCUMENT # A96000002497			
Mailing Address 6838 NW 77 CT. Miami FL. 33166		Principal Office Address 6838 NW 77 CT. Miami FL. 33166		3. Date Formed or Registered 12/30/96	
2. Mailing Address 6838 NW 77 CT.		2a. Principal Office Address 6838 NW 77 CT.		3a. Date of Last Report n/a	
Suite, Apt. #, etc. #		Suite, Apt. #, etc. #		4. State or Country of Formation Florida	
City & State Miami FL.		City & State Miami FL.		5a. Capital Contributions as Shown on record \$5 million	
Zip 33186		Country U.S.A.		5b. Amount of Capital Contributions in FLORIDA to date None	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

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9. Name and Address of Current Registered Agent Pawliqer Operating Properties, Inc. 6838 NW 77 CT. Miami FL. 33166		10. If changed, new Registered Agent/Office 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) Michael Pawliqer DATE Jan 1997

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) Pawliqer Operating Properties, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6838 NW 77 CT.	11b. City, State & Zip Code Miami FL. 33166	11c. Registration/Document Number A96000102312
100002068431--1 -01/24/97--01110--002 ****200.00 ****200.00			

CR2E003 (6/96)

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 Michael Pawliqer DATE Jan 1997
Typed or Printed Name of General Partner Signatory Michael Pawliqer, Pres. Daytime Telephone Number 305-477-0353