

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 21 AM 9:58

1. Name of Limited Partnership		1a. DOCUMENT # A96000002507	
The Herbert and Miriam Lazar Family Partnership, Ltd.			
2. Mailing Address same as above		2a. Principal Office Address N/A	
3. Date Formed or Registered December 27, 1996		5a. Capital Contributions as Shown on record \$900,000.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date \$900,000.00	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired N/A		8. Make check payable to: Dept. of State (See reverse side for fee information)	
8. \$8.75 Additional Fee Required			

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
Elliot P. Borkson, Esq. Atlas, Pearlman, Trop & Borkson, P.A. 200 E. Las Olas Blvd., Suite 1900 Fort Lauderdale, FL 33301		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) Elliot Borkson DATE 1/7/97

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Herbert Lazar	5805 S. Bayberry Lane	Tamarac, FL 33319	A96000002507
Miriam Lazar	5805 S. Bayberry Lane	Tamarac, FL 33319	A96000002507

100002069161--3
-01/27/97--01024--016
***576.25 ***576.25

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 Herbert Lazar DATE 1-7-97
Typed or Printed Name of General Partner Signing Form Herbert Lazar Daytime Telephone Number (954) 484-0133

CR2E003 (6/96)