

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -8 AM 11:08

1. Name of Limited Partnership P.L.R. Family Limited Partnership, Ltd.		1a. DOCUMENT # A96000002522	
Mailing Address 3510 Coral Way Suite 200 Miami, Florida 33145		Principal Office Address 3510 Coral Way Suite 200 Miami, Florida 33145	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country	
3. Date Formed or Registered 12/31/96		5a. Capital Contributions as Shown on record \$1,104,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$1,104,000.00	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. FEI Number		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent Dario Restrepo 3510 Coral Way Suite 200 Miami, Florida 33145		10. If changed, new Registered Agent/Officer Name Street Address (P.O. Box Number, City, State, Zip) Suite, Apt #, etc. City	
		000002050530-3 -01/15/97--01083--014 ***576.25 ***576.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
Pedro Luis Restrepo	3510 Coral Way Suite 200	Miami, Florida 33145	A96000002522
Maria Stella Restrepo	3510 Coral Way Suite 200	Miami, Florida 33145	A96000002522

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 *[Signature]* DATE 12/31/96

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (1/96)