FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A97000000212

Benjamin R. Siegal Family Limited Partnership

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB 19 AMII: 14

				<u></u>	
Mailing Address	Principal Office Address			3. Date Formed or Registered	58. Capital Contributions as Shown on record
c/o Ted Siegal				1/14/97	
2875 N.E. 191st Street	Same		3a. Date of Last Report	\$1,700,000	
Buite 400				N/A	5h. Amount of Capital
Aventura, FL 33180				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			\$1,400,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0736958	Applied For Not Applicable	
City & State	City & State	Cily & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Country Zip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			 	10. If changed, new Registere	ad Agent/Office
Barry A. Nelson, Esq. Nelson & La Femina One Turnberry Place, Suite 609 19495 Biscayne Blvd.					
			Street Address (P.O. Box Number Is Not Acceptable)		
			#, elc.		
Aventura, FL 33180		City			FL Zip Code
SIGNATURE (Registered Agent Accepting Appointment)	Ba, C/LL IS A CORPORATION, I BE REGISTERED AN	LIMITED	PART	NERSHIP OR OTHE	
11. Name(s) of General Partner(s)	Address of Each Gene	eral Pariner	11b.	City, State & Zip Code	11c. Registration/
(1. Namo(s) or Gameral Particuts)	(Do NOT Use Post Office t	Box Numbers)	110.	City, State & Zip Code	Document Number
Benjamin R. Siegal Family Holdings, Inc.	c/o Ted Siegal 2875 N.E. 191 Suite 400		Aven	tura, Florida 33180	P97000003721
		1		600002	24394466
,				-02/7 ****	24/9801077005 *\$50.00 ****550.00
	437.50	88	75	875	de
Note: General partners MAY NOT	be changed on this for	m; an am	endme	nt must be filed to cha	ange a general partner.
12. I do bereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this upport as required by chart.	nis filing is voluntarily furnished and does in Section 119.07(3)(k) in the event that the nature shall have the same legal effects a	not qualify for the information supp	e exemption plied is deem	slated in Section 119.07(3)(k), Florida and exempt from public access. I furth	Statutes. I release the Division of ner certify that the information indicated on
SIGNATURE / Bay aun (Jegal , Pres.				DATE 12/18/97	
yped or Printed Name of General Partner Signing FormB	enjamin R. Siega	al, Pre	<u>eside</u>	$\underline{\mathbf{n}}$ t \mathbf{b} aytime Telephone Number	·