


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -7 PM 1:41

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	
1. Name of Limited Partnership BERSON FAMILY LIMITED PARTNERSHIP, LTD.		1a. DOCUMENT # A97000000590	
Mailing Address 5292 STONYBROOK DRIVE BOYNTON BEACH FL 33437 13		Principal Office Address 5292 STONYBROOK DRIVE BOYNTON BEACH FL 33437 13	
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 03/10/1997		5a. Capital Contributions as Shown on record. \$1,360,000.00	
3a. Date of Last Report 12/24/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0745904	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BERSON, ANNE A 5292 STONYBROOK DRIVE BOYNTON BEACH FL 33437		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State 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) BERSON, ANNE A TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5292 STONYBROOK DRIVE	11b. City, State & Zip Code BOYNTON BEACH FL 3343	11c. Registration/Document Number 400002709264--8 -12/10/98--01086--022 *****526.25 *****526.25
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 <u><i>Ann A. Berson</i></u>		DATE <u>12-2-98</u>	
Typed or Printed Name of General Partner Signing Form _____		Daytime Telephone Number _____	

CR2E003 (8/98)