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

LIMITED PARTNERSHIP

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

| 1998 | Secretary of State DIVISION OF CORPORATIONS | | 98 FEB -6 PM 2: 06 | | |
|--|---|---|--|---|----------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A97000000703 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| 2801 NORTH FLAGLER DRIVE, L | .TD. | | | JAYA BERHAR BERHAR BERHAR BERHAR BERHAR BERHAR TATA TODA | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 58. Capital Contributions as Shown on record. | |
| 186 HARVARD DRIVE LAKE WORTH FL 39480 | 168 HARVARD DRIVE LAKE WORTH FL 33460 | | 03/26/1997 3a. Date of Last Report | \$1,000.00 | 15 |
| | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date. | - |
| 2. Malling Address | 28. Principal Office Address | | FL | | 3 |
| Suite, Apt. #, etc. | Suile, Apt. #, etc. City & State | | 6. FEI Number 65-073770 | Applied For Not Applicable | |
| City & State | City & State | | 7. Certificate of Status Desired | \$8.75 Additional | |
| Zip Country | Zip Country | | 8. Make check payable to: Dept. of | Fee Required State (See reverse side for fee Information) | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registerer | d Agent/Office OP 15. | |
| SPINELLI, PHILLIP V 166 HARVARD DRIVE LAKE WORTH FL 33460 | | 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 62 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of | stered agent, or both, in the State of Flor | d limited partnership org ida. Such change was a | uthorized by its general partner(s). I here | e State of Florida, submits this statement by accept the appointment of registered | , |
| A GENERAL PARTNER THAT IS MUST F | A CORPORATION, L | IMITED PAR | TNERSHIP OR OTHE | R BUSINESS ENTITY | |
| 11. Name(s) of General Partner(s) | Address of Each Genera (Do NOT Use Post Office Bo | Destant | City, State & Zip Code | 11c. Registration/ | |
| 2801 NORTH FLAGLER DRIVE INC | 166 HARVARD DRIVE | | KE WORTH FL 33460 | | 3 (6/97) |
| OPINELLI, PAUL D | 1200 LANDS END BOAD | | MALAPAN FL 00404 | 1817 | CR2E003 (6/97) |
| | | | 00002 -02/10 ****1 | 4260705 /9801014003 56.25 ****156.25 | |
| TWAS NOT CHANGED W | | | | | |
| Note: General partners MAY NOT b | | | | | ļ |
| 12. do hereby certify that the information supplied with this fit corporations from any liability of non-compliance with Set this annual report is true and accurate and that my signate empowered to execute his report as required by chapter. | ction 119.07(3)(k) in the event that the inture that have the same legal effects as | formation supplied is dea if made under oath. I furt | emed exempt from public access. I furth ther certify that I am a General Partner of | er certify that the information indicated on the limited partnership, receiver or trustee | |
| SIGNATURE | - exx | PRES. | DATE | 2 30 97 | |
| Typed or Printed Name of General Partner Signing FormP | 41616 A. 2618 | elli pr | Daytime Telephone Number | 613866176 | |