

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

FILED
98 JAN -2 PM 3:22
TALLAHASSEE



1. Name of Limited Partnership OMC PARTNERS, LTD.	1a. DOCUMENT # A9700000921
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Mailing Address 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431	Principal Office Address 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431
2. Mailing Address 2300 GLADES ROAD Suite, Apt. #, etc. SUITE 100 E City & State BOCA RATON FL Zip Country 33431 USA	2a. Principal Office Address 2300 GLADES ROAD Suite, Apt. #, etc. SUITE 100 E City & State BOCA RATON FL Zip Country 33431 USA

3. Date Formed or Registered 04/25/1997	5a. Capital Contributions as Shown on record \$7,500.00
3a. Date of Last Report	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date 7,500.00
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 OMC EQUITY CORP. 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431
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10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable) 2300 GLADES ROAD
Suite, Apt. #, etc. SUITE 100 E
City BOCA RATON
State FL
Zip Code 33431

MP 1/14

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) OMC EQUITY CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1900 GLADES ROAD, SUITE 400 2300 GLADES ROAD SUITE 100 E	11b. City, State & Zip Code BOCA RATON FL 33431	11c. Registration/Document Number P97000037188
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~~01/15/98-01034-015~~
*****156.25 ***156.25**

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 *William R Greenfield* **Pres of GP** DATE **12/31/97**
Typed or Printed Name of General Partner Signing Form **William R Greenfield** Daytime Telephone Number **(561) 392-6662**

CR2E003 (6/97)