APPLATION FOR INTRACEMENT FOR INTRACEMENT FOR INTRACEMENT	FLORIDA DEPARTMENT OF STATE State B. Vertham State tary in State SIGN OF CHREDRATI INS
DOOL WENT " A.970000	21187

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MITED PAR NERS IIP	Supetary I State I SION OF CORFEDRATIONS
DOCUMENT # A9700000 11 1. Name of Limited Partnership Binne FAMILY, LTD.	82

				DO NOT WRITE IN THIS SPACE.	
2. Mailing Address 936 INTRACOASTAL DR.	3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida	4. Date Formed or Registered To Do Business in Florida MAY27, 1997	
Suite, Apt. #, ejc.	Suite, Apt. #, etc.		5. FEI Number	5. FEI Number Applied For	
City & State LAUDERDATE F1.	City & State		65-017534	74 Not Applicable	
Zip Country	Zip Country			6. CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee required for a Certificate of Status.	
3-3-1			7. State or Country of Formation	7. State or Country of Formation	
80. Capital Contributions as Shown on Record; 3,142,000.00 8b. Amount of Capital Contributions in FLORIDA to date: ## 3,142,000.00	FEES:1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filling fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, <u>beginning with 1992 calendar year.</u> 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filling fee.				
9. Name and Address of Current Re	egistered Agent		10. If changed, new register	10. If changed, new registered agent/office	
ALAN B. COLW	Name				
Robox 22 9010 200 Hollywood Fl. 3302	21 Tyler Street Street Address (P.O. Bo			-04/29/9801004019	
Hollywood Fl. 3302	2 - 9000	Suite, Apt. #	*************************************	026.25 ***1026.25	
10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statument 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 ACTIV	E WITH THIS OFFICE.	IN DUSINESS ENTITY	
11. Names of General Partner(s)	Address of Each Gene (Do NOT Use Post Office		City, State and Zip Code	11a. Registration Document Number	
Louis A. Biames 934 INTRACONSTAL Dr.	936 m	HRAEMSTA	L Ft. LAUdeldah	A9700000	
936 INTERCONSTITE DE.	DRIVE			1100	
#11C.	Apt: 11C		Fl. 33304.		
FH. LAUDERDALS FI.			•		
33304.			REINSTATEM	ENT 48	
				04435	
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.