




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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT -6 AM 9:12</p> 	
1. Name of Limited Partnership KORN ASSOCIATES, LTD.		1a. DOCUMENT # A97000001374			
Mailing Address 2295 SOUTH OCEAN BLVD., APT. 510 PALM BEACH FL 33480		Principal Office Address 2295 SOUTH OCEAN BLVD., APT. 510 PALM BEACH FL 33480		3. Date Formed or Registered 06/23/1997 3a. Date of Last Report _____	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$4,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$3,635,909.00	
6. FEI Number 65-0765191		<input 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 KORN, LEE 2295 SOUTH OCEAN BLVD., APT. 510 PALM BEACH FL 33480			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City		
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.			700002315237--7 -10/08/97--01090--013 ***541.25 FL ***541.25		
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) KORN, LEE KORN, ROBERT KORN, SHELDON		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2295 SOUTH OCEAN BLVD 13796 LE HAVRE DRIVE 35 SUTTON PLACE		11b. City, State & Zip Code PALM BEACH FL 33480 PALM BEACH GARDENS FL NEW YORK NY 10022	
11c. Registration/Document Number 					
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 effect 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 600, Florida Statutes.					
SIGNATURE _____ Typed or Printed Name of General Partner Signing Form: Robert Korn		DATE 9-29-97 Daytime Telephone Number 561-7750191			

CR2E003 (6/97)