OR BEFORE APRIL 7, 1999 TO AVOID

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

COMPANY TENNE

1999		Secretary of State DIVISION OF CORPORATIONS		99 MAR 22 PM 2: 28			
1. Name of Limited Partnership	1a. A §	DOCUMENT 97000001674					
HARYDA, LTD.				((10 1 12) (10 12) (10 13) (10 14)	85 18 34);	
Mailing Address 108 WEST DILIDO DRIVE MIAMI BEACH FI. 33139	Principal Office Address 108 WEST DILIDO DRIVE MIAMI BEACH FL 33139			77/31/1997 12/10/1997 ale of Lest Report 12/10/1997	5a. Capital Contributions as Shown on record \$390,000.00		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation		Contributions in FLORIDA to date	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		Number 65 - 0	782	Applied For Not Applicable	
Zip Country	Zip	City & State Zip Country		tificate of Status Desired e check payable to Dept of	State (See rev	\$8.75 Additional Fee Required	
9, Name and Address of C	Current Registered Agent	Name	10.	If changed, new Registered /	Agent/Office		
RYWLIN, HAVA 108 WEST DILIDO DRIVE MIAMI BEACH FL 33139	<u></u>	Streel Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc03/30/99 -01031 -007 City ###\$520.					
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off egent. I am familiar with, and accept the obli- SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	ice or registered agent, or to gations of section 620.192, int)	oth, in the State of Florida Such cha Florida Statutes	nge was authorized by	its general partner(s) I hereb DATE SHIP OR OTHE	by accept the a	appointment of registered	
11. Name(s) of General Partner(s)	11a. (Do)	11a. Address of Each General Partner 11b. (Do NOT Use Post Office Box Numbers)		State & Zip Code	11c.	Registration/ Document Number	
RYWLIN, HAVA	108 %	108 WEST DILIDO DRIVE		MIAMI BEACH FL 33139		122/99	
Note: General partners MAY I	NOT be change	d on this form: an am	endment mu	st be filed to cha	inge a o	eneral partner.	
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I do heraby 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 820, Florida Statutes.

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SIG	NΑ	TU	RE

Typed or Printed Name of General Partner Signing Form

DATE Teb 92/99

Daytime Telephone Number