

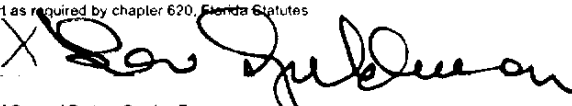
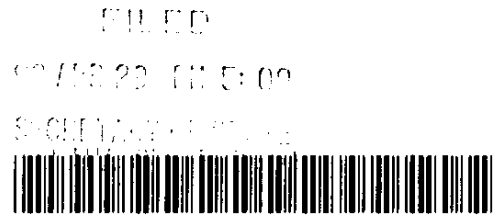


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|
| 1. Name of Limited Partnership LEO GOLDMAN & BEATRICE GOLDMAN FAMILY LIMITED PARTNERSHIP | | 1a. DOCUMENT # A97000001775 | |
| Mailing Address 2268 SEAGRAPE CIRCLE COCONUT CREEK FL 33066 | | Principal Office Address 2268 SEAGRAPE CIRCLE COCONUT CREEK FL 33066 | |
| 2. Mailing Address | | 2a. Principal Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip Country | | Zip Country | |
| 9. Name and Address of Current Registered Agent GOLDMAN, LEO 2268 SEAGRAPE CIRCLE COCONUT CREEK FL 33066 | | 3. Date Formed or Registered 08/18/1997 3a. Date of Last Report 04/08/1998 4. State or Country of Formation FL 6. FEI Number 65-0781223 <input type="checkbox"/> Applied For <input checked="" 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) FF \$526.25 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 800002858048--0 Suite, Apt. #, etc. -04/30/99--01057--003 City ****526.25 FL ****526.25 | |
| 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) GOLDMAN, LEO GOLDMAN, BEATRICE | | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2268 SEAGRAPE CIRCLE 2268 SEAGRAPE CIRCLE | |
| 11b. City, State & Zip Code COCONUT CREEK FL 3306 COCONUT CREEK FL 3306 | | 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 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  | | DATE 3/15/99 | |
| Typed or Printed Name of General Partner Signing Form | | Daytime Telephone Number | |



CR2E003 (12/98)