



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 FEB 20 PM 12:16

1. Name of Limited Partnership		1a. DOCUMENT # A97000001824			
THE MURRAY SAMS, JR. FAMILY LIMITED PARTNERSHIP					
Mailing Address 2222 PONCE DE LEON BLVD., PH II CORAL GABLES FL 33134		Principal Office Address 2222 PONCE DE LEON BLVD., PH II CORAL GABLES FL 33134		3. Date Formed or Registered 08/22/1997	5a. Capital Contributions as Shown on record. \$1,000,000.00
				3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number	
City & State		City & State		<input checked="checked" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	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)	

<p>9. Name and Address of Current Registered Agent</p> <p>BOHATCH, JOHN S 10 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>2600 Douglas Road</p> <p>Suite Apt. #, etc.</p> <p>Penthouse 8</p> <p>City</p> <p>Coral Gables</p> <p>FL 33134</p>
<p>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 am familiar with, and accept the obligations of section 620.192, Florida Statutes.</p> <p>SIGNATURE (Registered Agent Accepting Appointment)</p>	<p>6000002445256-1</p> <p>-03/03/98--01043--008</p> <p>***526.25 ***526.25</p>

**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)	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	SAMS, MURRAY JR. SAMS, PIETRINA M		2222 PONCE DE LEON BL 2222 PONCE DE LEON BL		CORAL GABLES FL 33134 CORAL GABLES FL 33134		

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 _____

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)