FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A97000001839

THE KIBLER FAMILY LIMITED PARTNERSHIP

98 MAR 17 AM 9: 57



Principal Office Address 13245 S.W. 74TH AVENUE MIAMI FL 33156	3. Date Formed or Registered 08/25/1997 38. Date of Last Report	58. Capital Contributions as Shown on record. \$269,280.00
28. Principal Office Address Suite, Apt. #, etc.	4. State or Country of Formation FL 6. FEI Number	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Zip Country	7. Certificate of Status Desired 8. Make check payable to: Dept. o	Applied For Not Applicable \$8.75 Additional Fee Required (State (See reverse side for fee information)
yistered Agent	10, If changed, new Registers	ad Agent/Office
Sulte, A City 0.192, Florida Statutes, the above-named limited p.	pl. #, etc. artnership organized or registered under the laws of the hange was authorized by its general partner(s). The	eby accept the appointment of registered
A CORPORATION, LIMITE BE REGISTERED AND ACT	D PARTNERSHIP OR OTHE	R BUSINESS ENTITY
Address of Each Connect Darkers	_1	11c. Registration/ Document Number
13245 S.W. 74TH AVENU		
	13245 S.W. 74TH AVENUE MIAMI FL 33156 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Intered Agent Name Street A Suite, A City 0.192, Florida Statutes, the above-named fimiled positered agent, or both, in the State of Florida. Such of section 620.192, Florida Statutes. A CORPORATION, LIMITE BE REGISTERED AND ACT 118. (Do NOT Use Post Office Box Numbers)	13245 S.W. 74TH AVENUE MIAMI FL 33156 28. Principal Office Address 29. Principal Office Address Suite, Apt. #, etc. City & State 7. Certificate of Status Desired 8. Make check payable to: Dept. of Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City D.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the larged agent, or both, in the State of Florida Such change was authorized by its general partner(s). Heredical Control of the Statutes. A CORPORATION, LIMITED PARTNERSHIP OR OTHE BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code

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), Fiorida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) by the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on