

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002381

MINN'S FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 18 PM 1:14

# 1120



Mailing Address 5275 SUFFOLK DRIVE BOCA RATON FL 33496	Principal Office Address 5275 SUFFOLK DRIVE BOCA RATON FL 33496	3. Date Formed or Registered 10/30/1997	5a. Capital Contributions as Shown on record. \$1,450,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/13/1998	5b. Amount of Capital Contributions in FLORIDA to date: 1,450,000 -
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0791077	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KELLEY, CRAIG I ESQUIRE 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH FL 33407	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is NOT Applicable) 300002634988-5 -11/24/98-01024-016 Suite, Apt. #, etc. ****526.25 ****526.25
	City FL Zip Code

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) M.M. PLASKOVE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5275 SUFFOLK DRIVE	11b. City, State & Zip Code BOCA RATON FL 33496	11c. Registration/ Document Number P9700066404
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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 *Craig I. Kelley, VP & authorized corp. rep.*

DATE *11/9/98*

Daytime Telephone Number *561-842-3000*