

**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 |
|---|---|--|

FILED
98 DEC 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| 1. Name of Limited Partnership ROSELYN MEYER FAMILY LIMITED PARTNERSHIP | 1a. DOCUMENT # A97000002501 |
|--|--|

| | |
|---|---|
| Mailing Address 19707 TURNBERRY WAY, APARTMENT #22AB AVENTURA FL 33180 | Principal Office Address 19707 TURNBERRY WAY, APARTMENT #22AB AVENTURA FL 33180 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country |

| | |
|--|---|
| 3. Date Formed or Registered 11/18/1997 | 5a. Capital Contributions as Shown on record. \$2,000,000.00 |
| 3a. Date of Last Report 12/24/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 4. State or Country of Formation FL | 6. FEI Number 65-0792208 |
| 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent NELSON, BARRY A ESQ. C/O NELSON & LA FEMINA 19495 BISCAYNE BLVD., SUITE 609 AVENTURA FL 33180 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) ROSELYN MEYER FAMILY HOLDING | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 19707 TURNBERRY WAY, | 11b. City, State & Zip Code AVENTURA FL 33180 | 11c. Registration/Document Number P97000089700 600002740966--7 -01/14/99--01012--017 *****526.25 *****526.25 |
|--|--|---|---|

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

Roselyn Meyer

DATE

12-7-98

Typed or Printed Name of General Partner Signing Form

Roselyn Meyer

Daytime Telephone Number

954-389-9849

CR2E003 (8/98)