

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 23 AM 10:53

**1. Name of Limited Partnership** **1a. DOCUMENT #**  
**A97000002916**

**THE MARGOLIS FAMILY LIMITED PARTNERSHIP**



<p><b>Mailing Address</b> X <del>9990 S.W. 77th Avenue</del> X X <del>MIAMI, FL 33156</del> X</p>	<p><b>Principal Office Address</b> 9990 S.W. ELM TREE LANE BOCA RATON FL 33486</p>	<p><b>3. Date Formed or Registered</b> 12/30/1997</p>	<p><b>5a. Capital Contributions as Shown on record.</b>  \$1,000,000.00</p>
<p><b>2. Mailing Address</b> 9990 S.W. 77th Avenue Suite, Apt. #, etc. Suite 330 City &amp; State Miami, FL Zip Country 33156-2699 U.S.A.</p>	<p><b>2a. Principal Office Address</b> 9990 S.W. 77th Avenue Suite, Apt. #, etc. Suite 330 City &amp; State Miami, FL Zip Country 33156-2699 U.S.A.</p>	<p><b>3a. Date of Last Report</b></p> <p><b>4. State or Country of Formation</b> FL</p>	<p><b>5b. Amount of Capital Contributions in FLORIDA to date:</b></p>
		<p><b>6. FEI Number</b> See Attached <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>	
		<p><b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</p>	
<p><b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b></p>			

<p><b>9. Name and Address of Current Registered Agent</b>  MARGOLIS, JOHN 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI FL 33156</p>	<p><b>10. If changed, new Registered Agent/Office</b></p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable) 400002520314--8</p> <p>Suite, Apt. #, etc. -05/12/98--01054--013</p> <p>City ***535.00 ***535.00 FL Zip Code</p>
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**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.**

<p><b>11. Name(s) of General Partner(s)</b>  MARGOLIS, MARJORIE</p>	<p><b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  691 S.W. ELM TREE LAN</p>	<p><b>11b. City, State &amp; Zip Code</b>  BOCA RATON FL 33486</p>	<p><b>11c. Registration/Document Number</b></p> <p align="center"><i>[Handwritten Signature]</i></p>
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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 *Marjorie Margolis* DATE *3/24/98*

Marjorie Margolis

305-595-1911

CR2E003 (12/97)