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
Dec 28 1998 8:00 am
Secretary of State

				Secretary of State			
1. Name of Limited Partnership	1a. DOCUMENT # A97000002931			•			
YOUNG ENTERTAINERS, LTD.	an-Al-						
Mailing Address P.O. BOX 970436 COCONUT CREEK FL 33073	Principal Office Address 7600 NORTH LYONS ROAD COCONUT CREEK FL 33073		3. Date Formed or Registered 12/30/1997 3a. Date of Last Report 05/18/1998	5b. Amou	in Contributions as in on record. 11,000.00 Int of Capital butions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4- State or Country of Formation	11,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0845790 Applied For AP-PLIED FOR Not Applicable			
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired		\$8.75 Additional		
8. Make check payable to: Dept. of State (See reverse side for fee information)							ation)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
SPRUCE, WILLIAM D ESQ. 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309		Name Street Address (P.O. Box Number Is Not Acceptable) 2000 2741012-3					
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	istered agent, or both, in the State of Florid section 620.192, Florida Statutes.	la. Such chang	PART	orized by its general partner(s). I hereby DATE DATE	accept the ap	pointment of registered	d
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
NORTH BROWARD PREPARATORY SC	1600 WEST COMMERCIAL		FOR	RT LAUDERDALE FL 33	A97	A9700000754	
* (
Note: General partners MAY NOT I	oe changed on this form	; an am	endme	nt must be filed to cha	nge a ge	neral partne	er.
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signa empowered to execute this report as required by chapter	ection 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	rmation suppli	i e d is deem	ed exempt from public access. I further	certify that the	information indicated o	
SIGNATURE DATE 9 128 198							
Typed or Printed Name of General Partner Signing Form WIII \ Co. Sprud U. U. Daytime Telephone Number 954)493 6564							