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

DOCUMENT# 1a.

FILED

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ATATE OR NO

CARL GOLDMAN LIMITED PARTNERSHIP		A9800000	A9800000042			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Story SIAND BOLLEVARD, APT 902 NORTH MIAMI BEACH FL 33160 SOO SIAND BOLLEVARD APT 902 NORTH MIAMI BEACH FL 33160 SOO SIAND BOLLEVARD APT 902 NORTH MIAMI BEACH FL 33160 SUR, APT 902 NORTH MIAMI BEACH FL 33160 SURVIVER BEACH FL 33160 S	CARL GOLDMAN LIMITED	PARTNERSHIP		2					
300 ISLAND BOULEVARD. APT 902 NORTH MIAMI BEACH R. 20160 12/81/1998 2. Mailing Address 3. Mailing Address 4. Subsect Country 3. Mailing Address 3. Mailing Address 4. Subsect Country 4. Application For Ground Address 5. Mailing Address 5. Mailing Address 5. Mailing Address 6. Fill Number 65-0728467 7. Centribates of Sibbas Deviced 9. Name And Address of Current Registered Agent 10. If dramped, oner Registered Apant/Offline 10. If dramped, oner Registered Apant/Offline Name 3. Mailing Address 5. Mailing Address 6. Fill Number 65-0728467 7. Centribates of Sibbas Deviced 9. Name And Address of Current Registered Agent 10. If dramped, oner Registered Apant/Offline Name 3. Mailing Address 5. Mailing Address 5. Mailing Address 65-0728467 7. Centribates of Sibbas Deviced of Sibbas Office Apant/Offline 9. Name And Address of Current Registered Agent 10. If dramped, oner Registered Apant/Offline Name 5. Mailing Address 65-0728467 10. If dramped, oner Registered Apant/Offline Name 5. Mailing Address 65-0728467 10. If dramped, oner Registered Apant/Offline Name 5. Mailing Address 65-0728467 10. If dramped, oner Registered Apant Accepting Apant Accepting Appenditument 5. Mailing Address 5. Mai	Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit	al Contributions as		
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Suite, Apt. #. etc. City & State To Country B. Make actual payable to Dept. of State (See Information) B. Make actual payable to Dept. of State (See Information) Suite, Apt. #. etc. 10. If changed, now Registered Agent Interpretation of the State Desired State Address of Current Registered Agent 10. If changed, now Registered Agent City State State Address (P.C. Box Number is Not Acceptable) State Address (P.C. Box Number is Not Acceptable) State Address (P.C. Box Number is Not Acceptable) FL Zip Code City FL Zip Code	2. Mailing Address	2a. Principal Office Address	<u> </u>			to dai	e:		
City & State Ci	Deile And Hone	Pulls Ant # st							
Zip Country Zip Country Zip Country Zip Country R. Additional Fee Procured R. Mete chack projected to Dept. of State (See reverse also for fee information)	Suite, Apt. #, etc.	pt. #, etc.			Applied For				
Zip Country Zip Country 8, Make chock psystole to: Dept. of State (See reverse side for fee information) 9, Name and Address of Current Registered Agent 10. If changed, new Registered AgentOffice Name DOLCHIN, STEVEN B THE OAKS, SUITE 202B 4330 SHERIDAN STREET HOLLYWOOD FL 33021 10a. Pursuant to the provisions of sections 620,1051 and 620,152, Plorida Statutos, the above-named limited partimetric progratized or registered under the lower of the State of Florida, such miles for for the purpose of changing its registered direc or registered agent, or both, in the State of Florida, Such change was surfrontized by its general partimetry, and accept the collegations of section 620,152, Plorida Statutos, the above-named limited partimetry in granized or registered under the lower of the State of Florida, such miles for the State of Florida, such miles for the State of Florida, such miles of registered Agent Accepting Appointment of registered agent, or both, in the State of Florida, Such change was surfrontized by its general partimet(s). Interestly accept the appointment of registered agent, or both, in the State of Florida, Such change was surfrontized by its general partimet(s). Interestly accept the appointment of registered agent, or both, in the State of Florida, Such change was surfrontized by its general partimetry, and partimetry accept the appointment of registered agent, or both, in the State of Florida, Such density or surfrontized by its general partimetry and the surfrontized Agent Accepting Appointment of registered agent, or both, in the State of Florida, Such density or surfrontized by the surfrontized and su	City & State	City & State							
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DOLCHIN, STEVEN B THE DAKS, SUITE 2028 4330 SHERIDAN STREET HOLLYWOOD FI. 33021 10a. Pursuant to the provisions of sections 820,1051 and 620,192. Flarida Statutes, the above-named limited partmership organized or registered under the laws of the State of Florida, such risk provisions of sections 820,1051 and 620,192. Flarida Statutes, the above-named limited partmership organized or registered under the laws of the State of Florida. Such change was authorized by the general partmer(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the collegations of section 620,192. Florida Statutes. 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) 11a. (abdress of Each General Partner(s) 11a. (abdress of Each General Partner(s) 11b. City, State & Zip Code 11c. (Population) 11d. (Popu	9. Name and Address of	Current Registered Agent			10. If changed, new Registered	d Agent/Office			
THE OAKS, SUITE 2028 4330 SHERIDAN STREET HOLLYWOOD FL 33021 10.a. Pursuant to the provisions of sections 620.1051 and 620.1052. Florida Statutus, the above-mane limited perferentilip organized or registered state of Florida, submits this statement for the turpose 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 scoopt the appointment of registered agent, and accept the colligations of section 620.102. Florida Statutuse. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. (b) NOT Use Prod Office Book Numbers) 11b. (city, State & Zip Code 11c. Registration) GOLDMAN, CARL 3000 ISLAND BOULEVARD NORTH MIAMI BEACH FL SOUDMAN, ROSE NORTH MIAMI BEACH FL SOUDMAN, ROSE NORTH MIAMI BEACH FL SOUDMAN, CARL 3000 ISLAND BOULEVARD NORTH MIAMI BEACH FL SOUDMAN, CARL SOUDMAN, CARL GOLDMAN, CARL GOLDMAN, CARL GOLDMAN, CARL GOLDMAN, CARL GOLDMAN, CARL GOLDMAN, CARL SOUDMAN, CARL GOLDMAN, CARL G	DOLCHIN STEVEN B		Name						
Subs. Apt. 6, etc.			Street Address (P.O. Box Number Is Not Acceptable)						
FL process For the purpose of changing last registered diffeo or registered agent, or both, in the State of Forida, Such change was suthorized by its general partmer(s). I hereby accept the appointment of registered may agent a partmer(s). I hereby accept the appointment of registered agent, or both partmers partmer of Partmer(s). I hereby accept the appointment of Partmer(s). I h	•		Suite, Apt. #, etc.						
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 Statute of Florida, submits this statement for the purpose of changing is registered degree or positive degent, or both, in the Statute of Florida. Such change was sutherized by its general partner(s). Thereby accept the appointment of registered spent, or both, in the Statutes. In 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) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/ Decompen Number GOLDMAN, CARL GOLDMAN, CARL GOLDMAN, ROSE 3000 ISLAND BOULEVARD NORTH MIAMI BEACH FL GOLDMAN, ROSE NORTH MIAMI BEACH FL GOLDMAN, ROSE NORTH MIAMI BEACH FL GOLDMAN, ROSE NORTH MIAMI BEACH FL GOLDMAN BEACH FL GOLDMA	HOLLYWOOD FL 33021		City			Zip Code			
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State 2 Zip Code 11c. Registration/ Document Number 11b. City, State 2 Zip Code 11c. Registration/ Document Number 11c. Registration/ Document Number 11d. NORTH MIAMI BEACH FL GOLDMAN, ROSE 3000 ISLAND BOULEVARD NORTH MIAMI BEACH FL SUDDING 1499—01013—021 *******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. Ido 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)(6), Florids Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(6) in the event that the information supplied is deemed exampt from public access. I further cortify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal 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, Florids Statutes. SIGNATURE SIGNATURE Address of Each General Partner 11b. City, State 2 Zip Code 11c. Registration/ Document Number 11b. City, State 2 Zip Code 11c. Registration/ Document Number NORTH MIAMI BEACH FL NORTH MIAMI BEACH FL SOLUTION OF THE STATE AND STA	agent. I am familiar with, and accept the ob-	ollgations of section 620.192, Florida Statutes.	 ===================================	·	DATE				
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