

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

Z 596620 931

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A98000001099	
LENKOWITZ FAMILY LIMITED PARTNERSHIP		

Mailing Address 750 NORTH OCEAN BLVD., #1000 POMPANO BEACH FL 33062	Principal Office Address 1401 750 NORTH OCEAN BLVD., #1000 POMPANO BEACH FL 33062	3. Date Formed or Registered 05/01/1998	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$15,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0820109	<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 GLANTZ, RONALD P ESQ. %GLANTZ AND GLANTZ, P.A. 7951 SW SIXTH STREET PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name 19375 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) LENKOWITZ, GEORGE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 750 N. OCEAN BLVD., #1401	11b. City, State & Zip Code POMPANO BEACH FL 33062	11c. Registration/ Document Number 300002782013--1 -01/06/98-01056-013 ****19375 ****193.25
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CR2E003 (8/98)

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

George L. Lenkowitz

Typed or Printed Name of General Partner Signing Form

George Lenkowitz

Daytime Telephone Number

DATE

12/31/98