FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

1999		Secretary of State DIVISION OF CORPORA	TIONS	TILED	
1. Name of Limited Partnership	^{1a.} A9	1a. DOCUMENT # A9800001907		99 MAR 11 PH 3: 59 SECKLETARY OF STANDARD MINISTER	
BLUMBERG INDUSTRIE	S, LTD.			HILL BOURD DOUGH TOLUK POLICI PROMI YORK DOLUK BOURD BOUR	
Mailing Address	Principal Office	Principal Office Address		3. Date Formed or Registered 08/10/1998 3a. Date of Last Report 5a. Capital Contributions as Shown on record \$1,500,000.00	
5770 MIAMI LAKES DRIVE EAST MIAMI LAKES FL 33014					
Malling Address 2a. Principal Office Address			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
			FL		
Suite, Apt. #, etc. City & State	Suite, Apt. #,	etc.	6. FE I Number	Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to Dept	\$8.75 Additional Fee Required of State (See reverse side for fee information)	
9. Name and Addres	s of Current Registered Agent		10. If changed, new Registere		
for the purpose of changing its register agent 1 am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appo	620.1051 and 620.192, Florida Streed office or registered agent, or bine obligations of section 620.192, pointment)	Suite, Ap City atules, the above-named limited part oth, in the State of Florida Such cha- Florida Statules	t #, etc	reby accept the appointment of registered	
44			IVE WITH THIS OFFICE.	Registration/	
11. Name(s) of General Partner(s)	118. (Dq N	Idress of Each General Partner OT Use Post Office Box Numbers)	11b. City, State & Zip Code	Document Number	
Blumberg industries llc	5770	Miami Lakes Driv	MIAMI LAKES FL 33014	L98000001380	
			3-16-99 3-16-99 nendment must be filed to c		
from any liability of non-compliance with 5	Section 116.07(3)(k) in the event the standard from the same legal effect	nat the information supplied is deem	exemption stated in Section 119 07(3)(k). Florida ed exempt from public access. I further certify that titly that I am a General Partner of the limited partr	the information indicated on this annual report	

SIGNATURE-

Typed or Printed Name of General Partner Signing Form MAX BLUMBIER 6

DATE J-//-99
Daytime Telephone Number 305-828-3784