FILE BY 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 28 AM 8:35

1. Name of Limited Partnership

1a. DOCUMENT # A98000002119

Holzer Family Limited Partnership

Mailing Address	Principal Office Address

3. Date Formed or Registered: 9/14/98 (9/1/12)

3a. Date of Last Report:

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on record: $550

5b. Amount of Capital Contributions in FLORIDA to date: $550

2. Mailing Address	**2a.** Principal Office Address
545 West 37th Street	777 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500
City & State: Miami Beach, Florida	City & State: Miami, Florida
Zip: 33140 Country: U.S.A.	Zip: 33131 Country: U.S.A.

6. FEI Number: [x] Applied For [ ] Not Applicable

7. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
Honey L. Kober 777 Brickell Ave., Suite 500 Miami, Florida 33131	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City / Zip Code

500002743275--1
01/15/99-01018-006
****141.25 ****141.25

FL

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) Honey L. Kober DATE 12/22/98

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 (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
David Holzer	545 West 37th St.	Miami Beach, FL 33140	
Rona Holzer	545 West 37th St.	Miami Beach, FL 33140	

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 David Holzer DATE 12/23/98

Typed or Printed Name of General Partner Signing Form: David Holzer Daytime Telephone Number (305) 672-3233

CR2E003 (8/98)