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

LIMITED PARTNERSHIF ANNUAL REPORT 1999
Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ETH CEEN

1999	Secretary of Sta DIVISION OF CORPOR	1	19 LR 3/2	
1. Name of Limited Partnership	1a. DOCUMENT A9800000222	*# 1t	λίξ.	
SCHEINBERG GROUP, LTD.)	
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3329 FLAMINGO DRIVE	3329 FLAMINGO DRIVE	09/24/1998	\$5,256,429.00	
MIAMI BEACH FL 33140	MIAMI BEACH FL 33140	3a. Date of Last Report	V 5/205) /25/00	
			5b. Amount of Capita! Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	to date	
		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6, FE) Number	Applied For	
City & State	City & State	- · · · · · · · · · · · · · · · · · · ·	Not Applicable	
Zip Country	Zip Country	7. Certificate of Status Desired	\$8.75 Additional Foc Required	
	C.p Country	8. Make check payable to Dept. of	State (See reverse side for fee information)	
O Normand Address of Court D		40	106	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
DANIELS, NICHOLAS M ESQ.		ddress (P.O. Box Number Is Not Acceptable)		
C/O THERREL BAISDEN, P.A.		o. Box Horitier is Not Acceptable)		
•	ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131			
minimi 1 E 00 10 F		FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 66 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Florida Such c	inthership organized or registered under the laws of the hange was authorized by its general partner(s). I here	e State of Florida, submits this statement by accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)		DATE		
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, LIMITI BE REGISTERED AND AC	ED PARTNERSHIP OR OTH FIVE WITH THIS OFFICE	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, Stale & Zip Code	11c. Registration/ Document Number	
PERIBERG, INC.	3329 FLAMINGO DRIVE	MIAMI BEACH FL 33140	P98000082923	
4				
		76000000	795217 8	
•		-03/04. ****43	795217 8 4 /3001033018 37.58 ****437.50	

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, Stale & Zip Code	11c. Registration/ Document Number
PERIBERG, INC.	3329 FLAMINGO DRIVE	MIAMI BEACH FL 33140	P98000082923
•			
		7000021	795217 8 /9001099018
			/90::-01093018 7 .58==****437.50
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

10 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:

DATE 2/10/99

Daytime Telephone Number 305)534-9876