

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 DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>Sachs Enterprises, LTD.</b>		1a. DOCUMENT # <b>A98000002342</b>	
Mailing Address <b>12950 S.W. 61st Avenue Miami, Florida 33156</b>		3. Date Formed or Registered <b>10/09/98</b>	
Principal Office Address		3a. Date of Last Report	
2. Mailing Address		4. State or Country of Formation <b>Florida</b>	
Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record <b>1,500,000.00</b>	
City & State		5b. Amount of Capital Contributions in FLORIDA to date	
Zip Country		6. FEI Number <b>65-0869978</b>	
Zip Country		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)	

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9. Name and Address of Current Registered Agent <b>Dan P. Beller Ruden, McClosky, Smith, et. al. 701 Brickell Avenue, Suite 1900 Miami, Florida 33131</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) <b>Mark K. Sachs Trustee of the Dana Sachs Irrevocable Trust dated 8/1/98</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>12950 S.W. 61st Avenue</b>	11b. City, State & Zip Code <b>Miami, Florida 33156</b>	11c. Registration/ Document Number <b>A98000002342</b>
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**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

Typed or Printed Name of General Partner Signing Form

**Mark K. Sachs, Trustee**

DATE

Daytime Telephone Number

3-16-99

1230799

% Heller 305-789-2735

CR2E003 (8/98)