


**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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 28 PM 12:50	
1. Name of Limited Partnership ROMANOFF FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A 98000002591			
2. Mailing Address c/o Somers 38 Far Reach Road Suite, Apt. #, etc. City & State Westwood, MA Zip Country 02090 USA		2a. Principal Office Address c/o P. Stanton 8603 So. Dixie Hwy, #207 Suite, Apt. #, etc. 207 City & State Miami, Florida Zip Country 33143 USA		3. Date Formed or Registered November 17, 1998 3a. Date of Last Report N/A 4. State or Country of Formation Florida 5a. Capital Contributions as Shown on record. \$1,288,000 5b. Amount of Capital Contributions in FLORIDA to date. \$1,288,000 6. FEI Number 65-0876340 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$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 Paul R. Stanton, Esq. 8603 South Dixie Highway, Suite 207 Miami, Florida 33143		10. If changed, new Registered Agent/Office Name: 200002743372-9 Street Address (P.O. Box Number is Not Acceptable): 01/15/99-01021-012 Suite, Apt. #, etc.: ****526.25 ****526.25 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) Evelyn Mehler Somers Charles Frank Mehler		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 38 Far Reach Road 720 Ardmore Road		11b. City, State & Zip Code Westwood, MA 02090 West Palm Beach, FL 33401	
				11c. Registration/Document Number	
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 <u>Evelyn Mehler Somers</u>		DATE <u>12/14/98</u>		Daytime Telephone Number <u>617-563-6634</u>	
Typed or Printed Name of General Partner Signing Form <u>EVELYN MEHLER SOMERS</u>					

CR2E003 (8/93)