

**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	
Mailing Address	Principal Office Address	3. Date Formed or Registered November 17, 1998	5a. Capital Contributions as Shown on record. \$1,288,000
2. Mailing Address 38 Far Reach Road c/o Somers Suite, Apt. #, etc.	2a. Principal Office Address 8603 So. Dixie Hwy, #207 c/o P. Stanton Suite, Apt. #, etc.	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date. \$1,288,000
City & State Westwood, MA	City & State Miami, Florida	4. State or Country of Formation Florida	6. FEI Number 65-0876⁵⁴⁰899
Zip 02090	Country USA	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip 33143	Country USA	7. \$8.75 Additional Fee Required	

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 ***526.25 ***526.25 Suite, Apt. #, etc. City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Evelyn Mehler Somers	38 Far Reach Road	Westwood, MA 02090	
Charles Frank Mehler	720 Ardmore Road	West Palm Beach, FL 33401	

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 _____

Evelyn Mehler Somers

DATE **12/14/98**

Typed or Printed Name of General Partner Signing Form

EVELYN MEHLER SOMERS

Daytime Telephone Number

617-563-6634

CR2E003 (8/98)