## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

empowered to execute this report as required by charito-

SIGNATURE .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9500000310** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 10 PH 3: 44



| IIP  | NERS NO. 1, LIMITED PA  | ARTNERS  |   | 8311 88111 88111 88111 88118 871786 HERR 9848 HE  |
|--|---|--|---|---|
| Mailing Address  | ddress Principal Office Address   |  | 3. Date Formed or Registered  | 5a. Capital Contributions as Shown on record.   |
| 1999 AVENUE OF THE STARS. SUITE 2000<br>LOS ANGELES CA 90067   |   | C/O C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD                              |   | \$1,000.00  |
|  | PLANTATION FL 33324   |  | 02/04/1997  4. State or Country of Formation  | <b>5b.</b> Amount of Capita!<br>Contributions in FLORIDA<br>to date:  |
| 2. Mailing Address   | 28. Principal Office Address  | 28. Principal Office Address   |   | to date:  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |   |   |
| City & State   | City & State  | City & State   |   | Applied For Not Applicable  |
|  |   |  | 7. Certilicate of Status Desired  | \$8.75 Additional Fee Required  |
| Zip Country  | Zip   | Country  | 8. Make check payable to: Dept. of  | State (See reverse side for fee informati   |
| 9 Name and Address (   | of Current Registered Agent   |  | 10. If changed, new Registere   | d Agent/Office  |
| C T CORPORATION SYSTM 1200 SOUTH PINE ISLAND ROAD  |   | Name   |   |   |
|  |   | Street Address (P.O. Box Number Is Not Acceptable)                                     |   |   |
| PLANTATION FL 33324  |   | Suite, Apt. #, etc   |   |   |
|  |   | City   | <del></del>   | 7:0   |
| 40.  |   |  |   | FL Zip Code   |
| for the purpose of changing its registerod agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoin A GENERAL PARTNER 1          | 0 1051 and 620.192, Florida Statutes, the above-na d office or registered agent, or both, in the State of Fobligations of section 620.192, Florida Statutes.  THAT IS A CORPORATION, MUST BE REGISTERED A | med limited partners<br>Florida. Such change   | was authorized by its general partner(s). I her   | FL he state of Florida, submits this statement by accept the appointment of registere   |
| for the purpose of changing its registerod agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoin A GENERAL PARTNER 1          | d office or registered agent, or both, in the State of 6 obligations of section 620-192, Florida Statutes.  THAT IS A CORPORATION, MUST BE REGISTERED A   | med limited partners<br>Florida Such change<br>LIMITED F<br>ND ACTIVE                  | was authorized by its general partner(s). I her   | FL he State of Florida, submits this staterno by accept the appointment of registers  |
| for the purpose of changing its registeroc<br>agent. I am familiar with, and accept the<br>SIGNATURE (Registered Agent Accepting Appoin<br>A GENERAL PARTNER 1 | d office or registered agent, or both, in the State of Foothgations of section 620-192, Florida Statutes.  THAT IS A CORPORATION, MUST BE REGISTERED A  11a. (Do NOT Use Post Office)                     | med limited partners Florida Such change LIMITED F ND ACTIVE eral Partner Box Numbors) | PARTNERSHIP OR OTHE   | PL ne State of Florida, submits this statemone by accept the appointment of registers  R BUSINESS ENTITY  Registration/                                   |
| for the purpose of changing its registered agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoin A GENERAL PARTNER 1          | d office or registered agent, or both, in the State of Fobligations of section 620-192, Florida Statutes.  THAT IS A CORPORATION, MUST BE REGISTERED A  Address of Each Gen (Do NOT Use Post Office       | med limited partners Florida Such change LIMITED F ND ACTIVE eral Partner Box Numbors) | DATE PARTNERSHIP OR OTHE WITH THIS OFFICE.  11b. City. State & Zip Code  LOS ANGELES CA 90067 | PL ne State of Florida, submits this statement of registers by accept the appointment of registers  R BUSINESS ENTITY  11c. Registration/ Document Number |

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 Statules. I release the Division of

Amy J. Wissmann

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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee