

REVOCATION AND 500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 22 AM 10:07

12/127



1. Name of Limited Partnership

1a. DOCUMENT #
B97000000338

CHURT PARTNERS, L.P.

Mailing Address
C/O MARTIN L. Solomon
2665 SOUTH BAYSHORE DRIVE, SUITE 906
COCONUT GROVE FL 33133-5401

Principal Office Address
1013 CENTRE ROAD
WILMINGTON DE 19805

3. Date Formed or Registered

07/03/1997

5a. Capital Contributions as
Shown on record.

\$990.00

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

DE

6. FEI Number

65-0761854

Applied For
Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fees Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

AS ABOVE

2a. Principal Office Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

REINER, SAMUEL B ESQ.
7700 NORTH KENDALL DRIVE, SUITE 303
MIAMI FL 33156-7559

10. If changed, new Registered Agent Office

Name

Street Address (P.O. Box Number)

Suite, Apt. #, etc.

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

SOLOMON, MARTIN L

2665 SOUTH BAYSHORE D

COCONUT GROVE FL 3313

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

Martin L. Solomon

DATE

9/19/97

Typed or Printed Name of General Partner Signing Form

MARTIN L. SOLOMON

Daytime Telephone Number

305-956-3103

CR2E003 (6/97)