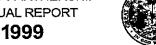
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # B9700000338

98 DEC 28 PH 1: 18

SECRETARY OF PLORIDA

TALLAHASSEE. FLORIDA

CHURT PARTNERS, L.P.								
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
% MARTIN L. SOLOMON	1013 CENTRE ROAD WILMINGTON DE 19805			07/03/1997				
2665 S. BAYSHORE DR. SUITE 906				3a. Date of Last Report				
COCONUT GROVE FL 33133-5401				01/22/1998	5b. Amou Contr	ant of Capital ibutions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:			
				DE				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number		Applied For		
City & State	City & State			65-0761854		Not Applicable		
Zip Country	Zip Country			7. Certificate of Status Desired	ليا ا	\$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 Re	ristered Agent			10. If changed, new Registered Agent/Office				
		Name						
REINER, SAMUEL B ESQ.		Street Address (P.O. Box Number Is Not Acceptable)						
7700 NORTH KENDALL DRIVE, SUITE 303 MIAMI FL 33156-7559		Suite, Apt. i	Suite, Apt. #, etc.					
Mirani 12 00100 1000		City	•			Zip Code		
					<u>FL</u>			
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 MUST	BE REGISTERED ANI	O ACTIV	PART /E WIT	NERSHIP OR OTHEI TH THIS OFFICE.	R BUSI			
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner k Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
SOLOMON, MARTIN L	2665 SOUTH BAYSHORE D		COCONUT GROVE FL 3313					
A				6000027 -01/14/ ****14:	'42 5 9901 1.25	3368 131009 ****141.25		
Note: General partners MAV NOT h	e changed on this form	: an am	endme	nt must be filed to cha	nge a g	eneral partner		
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 filling 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 the proport as required by chapter 529, Florida Statutes.

SIGNAL	UKE	U /	<i>U U U -</i>	- 1

Typed or Printed Name of General Partner Signing Form

MARTIN L. SOLOMON Daylime Telephone Number

315-856-310

CR2E003 (8/6