


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -2 PM 2:27 <i>He 1115</i></p>	
1. Name of Limited Partnership Portfolio Investors, L.P., a New Jersey limited partnership (Portfolio Investors, Limited Partnership)		1a. DOCUMENT # B97000000620			
2. Mailing Address GSB Building, Suite 401 Suite, Apt. #, etc. One Belmont Avenue City & State Bala Cynwyd, PA Zip Country 19004 Montgomery		2a. Principal Office Address GSB Building, Suite 401 Suite, Apt. #, etc. One Belmont Ave. City & State Bala Cynwyd, PA Zip Country 19004 Montgomery		3. Date Formed or Registered 10/16/97 3a. Date of Last Report 4. State or Country of Formation NJ 6. FEI Number 23-2932380 <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 Corporate Service Company 1201 Hays Street Tallahassee, Florida 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <p style="text-align: right;">980002407199-6 -01/21/98--01097--011 ***156.25 FL ***156.25</p>			
10a. Pursuant to the provisions of sections 620 106.1 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) Bergen of FLA-NJ, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) GSB Building Suite 401 One Belmont Avenue	11b. City, State & Zip Code Bala Cynwyd, PA 19004	11c. Registration/Document Number F97000006090		
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.					
Portfolio Investors, L.P. SIGNATURE By: <u>Bergen of FLA-NJ Inc., general partner</u> DATE <u>December 1, 1997</u> Typed or Printed Name of General Partner Signing Form <u>Barry Howard</u> Daytime Telephone Number <u>610-668-2540</u>					

CR2E003 (6/97)