

**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

DIVISION OF CORPORATIONS
93 FEB -9 11 4: 27

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000620

PORTFOLIO INVESTORS, L.P.



| | | | | | |
|---|--|--|--|--|--|
| Mailing Address ONE BELMONT AVE. SUITE 401 BALA CYNWYD PA 19004 | | Principal Office Address ONE BELMONT AVE. SUITE 401 BALA CYNWYD PA 19004 | | 3. Date Formed or Registered 11/18/1997 | 5a. Capital Contributions as Shown on record \$1,000.00 |
| 2. Mailing Address | | 2a. Principal Office Address | | 3b. Date of Last Report 01/02/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation NJ | 5b. Amount of Capital Contributions in FLORIDA to date: \$3,421,184.00 |
| City & State | | City & State | | 6. FEI Number 23-2932380 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip | | Zip | | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 8. Make check payable to Dept. of State (See reverse side for fee information) FF \$526.25 | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 10. If changed, new Registered Agent/Office | |
| | | Name | |
| | | Street Address (P.O. Box Number Is Not Acceptable) | |
| | | 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) BERGEN OF FLA-NJ, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE BELMONT AVE., SUITE 401 | 11b. City, State & Zip Code BALA CYNWYD PA 19004 | 11c. Registration/ Document Number F97000006090 |
| <p>6000027269166--5 -12/30/98--01086--010 ***526.25 ***526.25</p> | | | |

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: Bergen of FLA-NJ, Inc., general partner DATE 10/20/98
By: Loretta M. Kelly, V.P., Secty
Typed or Printed Name of General Partner Signing Form Loretta M. Kelly, V.P., Secty Daytime Telephone Number 610-668-2540

CR2E003 (8/98)