

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
97 APR 15 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANN JAMES POINT
199
FLORIDA DEPARTMENT OF STATE
Division of Corporations
A96000001365

1. Name of Limited Partnership SCHERL ENTERPRISES, LTD.		1a. DOCUMENT # A96000001365 <i>97-AR CM</i>	
Mailing Address 1111 Lincoln Road Mall, Miami Beach, Florida 33139		3. Date Formed or Registered 7/22/96	5a. Capital Contributions as Shown on record 5,016,743.00
Principal Office Address 1111 Lincoln Road Mall, Miami Beach, Florida 33139		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date 5,016,743.00
2. Mailing Address 1111 Lincoln Road Mall	2a. Principal Office Address 1111 Lincoln Road Mall	4. State or Country of Formation FLORIDA	
Suite, Apt. #, etc. 500	Suite, Apt. #, etc. 500	6. FEI Number 650685583	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Miami Beach, Florida	City & State Miami Beach, Florida	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)
Zip 33139	Zip 33139	Country USA	

9. Name and Address of Current Registered Agent Jonathan Feuerman, Esq. Therrel Baisden & Meyer Weiss 1111 Lincoln Road Mall Suite 500 Miami Beach, Florida 33139	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 400002151744--2 Suite, Apt. #, etc. -04/23/97--01051--014 33139 City FL Zip Code
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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) *[Signature]* 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) T. Scherl, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1111 Lincoln Road Mall	11b. City, State & Zip Code Miami Beach, Florida 33139	11c. Registration/Document Number P96000060984
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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 *[Signature]* DATE *4/1/97*

Typed or Printed Name of General Partner Signing Form **Allen Scherl** Daytime Telephone Number _____

CR2E003 (6/96)