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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A15288**

SECRETARY OF STATE DIVISION OF CORPORATIONS

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101 NORTH MONROE STREET, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE. SUITE 300 MIAMI FL 33131 C/O THE ALLEN MORRIS COMPAN 1000 BRICKELL AVENUE. SUITE 30 MIAMI FL 33131			09/14/1983 3a. Date of Last Report	\$1,000.00
			11/25/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	
	Suite, Apt. #, etc.		6. FEI Number 59-2327473	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office	
% THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., SUITE 1200 MIAMI FL 33131 10a. Pursuant to the provisions of sections 620.1051 and 620 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of s SIGNATURE (Registered Agent Accepting Appointment)	lered agent, or both, in the State of Flori ection 620 192, Florida Statules.	Suite, Apt #, etc City Himited partnership	organized or registered under the laws of the authorized by its general partner(s). I her	/9701112006 56.25 *****\$56.25 FL he State of Florida, submits this statement
A GENERAL PARTNER THAT IS MUST E	A CORPORATION, L BE REGISTERED AND			R BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office Box	5	b. City, State & Zip Code	11c. Registration/ Document Number
HAMMOND VENTURE, INC.	1000 BRICKELL AVE.#30		MIAMI FL	P16775
			de	
Note: General partners MAY NOT be 12. I do hereby certify that the information supplied with this fill Corporations from any liability of non-compliance with Sec this annual report is true and accurate and that my signatu empowered to execute this report as required by proporer SIGNATURE Typed or Printed Name of General Partner Signing Form	ing is voluntarily furnished and does not tion 119.07(3)(k) in the event that the infi re shall have the same topal effects as i	qualify for the exer	nption stated in Section 119.07(3)(k), Florida s deemed exempt from public access. I furth I further certify that I am a General Partner o	Statutes. I release the Division of ner certify that the information indicated on