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

Socretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A20040

97 DEC 23 PM 1:11



	Shown on record. \$100.00 \$10
830 FONTAINEBLEAU BLVD. P.O. BOX 52-6248 P.O. BOX 52-6248 MIAMI FL 33152 2. Mailing Address P.O. BOX 52-6248 MIAMI FL 33152 2. Mailing Address P.O. BOX 52-6248 MIAMI FL 33152 2. Mailing Address P.O. BOX 52-6248 MIAMI FL 33152 2. Mailing Address P.O. BOX 52-6248 MIAMI FL 33152 2. Mailing Address P.O. BOX 52-6248 MIAMI FL 33152 2. Mailing Address P.O. BOX 52-6248 MIAMI FL 33152 3. Date of Las 12/11/198 4. State or Country FL 6. FLI Number 59-26919 7. Certificate of 59-26919 7. Certificate of 8. Make check in Name SIMON, GARY 9100 S DADELAND BLVD. #504 MIAMI FL 33156 10. If change Name Suite, Apt. #, etc. P.O. Box Number is Not A Sui	\$100.00 \$1 Report \$6
P.O. BOX 52-6248 MIAMI FL 33152 2. Mailing Address 3. Date of Las 12/11/198 4. State or Country FL 6. FLI Number 59-26919 7. Certificate of: 8. Make check in Name SIMON, GARY 9100 S DADELAND BLVD. #504 MIAMI FL 33156 1. Suite, Apt. #, etc. City 2. Suite, Apt. #, etc. City 3. Certificate of: 3. Color of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida Such change was authorized by its gene agent. I am familiar will, and accept the obligations of section 620.192, Florida Statutos. 3. Signature (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP	5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable Status Desired \$8.75 Additional Fee Required payable to: Dept. of State (See reverse side for fee information ged, new Registered Agent/Office
## State or Country 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Principal Office Address FL Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. FEI Number 5. 59-26919 7. Certificate of 1. 7. Certificate of 1. 8. Make check in 1. 1. If changes SIMON, GARY 9100 S DADELAND BLVD. #504 MIAMI FL 33156 1. Suite, Apt. #, etc. City & State 7. Certificate of 1. Sumon Street Address (P.O. Box Number is Not A.) Suite, Apt. #, etc. City 1. Florida Statutes, the above-named limited partnership organized or registered agent, or both, in the State of Florida Such change was authorized by its general agent. I am familiar with, and accept the obligations of section 620-192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP	Contributions in FLORIDA to date: Applied For Not Applicable Status Desired \$8.75 Additional Fee Required payable to: Dept. of State (See reverse side for fee information from the state of the stat
28. Principal Office Address 28. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 7. Certificate of Name 8. Make check principal Office Address 7. Certificate of Name 10. If changes Simon, Garry 9100 \$ DADELAND BLVD. #504 MIAMI FL 33156 City 108. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its gene agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP	Contributions in FLORIDA to date: Applied For Not Applicable Status Desired \$8.75 Additional Fee Required payable to: Dept. of State (See reverse side for fee informatic
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9. Name and Address of Current Registered Agent 10. If change Name SIMON, GARY 9100 S DADELAND BLVD. #504 MIAMI FL 33156 City 108. Pursuant to the provisions of sections 620.1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its gene agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP	Fee Required payable to: Dept. of State (See reverse side for fee informatic ged, new Registered Agont/Office
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11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbors) 11b. City, State &	Bogistration/
JONES, ROBERT C. 620 ARVIDA PARKWAY MIAMI FL	
80	00023317281 -01/06/38-01104-013 ****156.25 ****156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change

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 acquirate and that my signature shall have the same legal effects as if made under early. I further certify that I am a General Parlner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. Robert C. Jones

SIGNATURE /_

Typed or Printed Name of General Partner Signing Form

DATE /2/1/97
Daylime Telephone Number 305/223-1602