

**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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB -3 PM 1:01

1. Name of Limited Partnership <b>JMP NEW YORK, LTD.</b>		1a. DOCUMENT # <b>A33182</b>	
Mailing Address <b>2828 CORAL WAY, PENTHOUSE MIAMI FL 33145</b>	Principal Office Address <b>2828 CORAL WAY PENTHOUSE MIAMI FL 33145</b>		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		



3. Date Form 1 or Registered <b>08/19/1992</b>	5a. Capital Contributions as Shown on record <b>\$100.00</b>
3a. Date of Last Report <b>12/11/1997</b>	5b. Amount of Capital Contributions in FL OFSIA to date
4. State or Country of Formation <b>FL</b>	
6. FEIN Number <b>65-0369846</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Mark check payable to Dept. of State (See reverse side for information)	

9. Name and Address of Current Registered Agent <b>HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE MIAMI FL 33145</b>	10. If changed from Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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) \_\_\_\_\_ 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) <b>JMP NEW YORK, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Number) <b>2828 CORAL WAY, PENTHO</b>	11b. City, State & Zip Code <b>MIAMI FL</b>	11c. Registration Document Number <b>V58646 -02/05/99--01088--018 ****150.00 ****150.00</b>
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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)(g), Florida Statute. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) 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 *Angel Hernandez* **ANGEL HERNANDEZ**  
VICE - PRESIDENT  
DATE **1/21/99**  
Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number **305 4609900**

CR2E003 (8/98)