

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 15 AM 3:15



1. Name of Limited Partnership	1a. DOCUMENT # A94000000103
HUNTERWOOD ASSOCIATES LIMITED PARTNERSHIP	

Mailing Address 777 41ST STREET, 4TH FL MIAMI BEACH FL 33140		Principal Office Address 777 ARTHUR GODFREY RD., #400 MIAMI BEACH FL 33140		3. Date Formed or Registered 01/24/1994	5a. Capital Contributions as Shown on record \$126,022.92
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 02/10/1998	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. FEI Number 65-0467641	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent GROSS, PHIL 777 ARTHUR GODFREY RD., #400 MIAMI BEACH FL 33140	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) VAIL VALLEY SALVAGE CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 777 41ST STREET, 4TH	11b. City, State & Zip Code MIAMI BEACH FL 33140	11c. Registration/ Document Number L31909
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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 _____ DATE **12/31/98**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/98)