## 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

1. Name of Limited Partnership

a. DOCUMENT # **A95000001970** 

empowered to execute this report

Typed or Printed Name of General Partner Signing Form

SIGNATURE

98 OCT 12 AM 11: 44 STORETARY OF STATE TALLAHASSEE, FLORIDA

REL ALTON, LTD.							
Mailing Address	Principal Office Address		3	Date Formed or Registered	5a. Capita Show	al Contributions as n on record.	
	lll Palm Avenue Miami, Beach, Fl 33139			12/18/1995 a. Date of Last Report 12/16/1997	\$1,499,117.00  5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			State or Country of Formation			え
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			65-0628986 V	Applied For Not Applicable		
Zip Country	Zip Country		7	- Certificate of Status Desired	\$8.75 Additional Fee Required		
				8. Make check payable to: Dept. of State (See reverse side for fee information)			
9 Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
BERKSON, MARSHALL H 111 PALM AVENUE MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
Markin Denotifie 60165	City FL Zip Code						
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)							
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)	11a. Address of Each General I		b.	City, State & Zip Code	11c.	Registration/ Document Number	
BERKSON, MARSHALL H	111 PALM AVENUE	į	MAMI	BEACH FL 33139			1000
				400002 -10/20, ****52	   6679   9801   5.25	984 <u>-016</u> 1048 <u>-016</u> ****526.25	1

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 filling 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

Daytime Telephone Number