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 # **A9500002025**

DIVISION OF CORPORATIONS

97 DEC 30 PM 4: 22



MOUNTAIN CREEK ASSOCIATES, LTD.) (OCTAIN INTERNATA BANK BONK BONK BONK BONK BONK BONK BONK IN		
			OP1/12:		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
% STEVEN T. SIEGEL 1400 N.W. 107TH AVENUE	% STEVEN T. SIEGEL 1400 N.W. 107TH AVENUE MIAMI FL 33172 2a. Principal Office Address		12/22/1995 3a. Date of Last Report	\$500,000.00	
MIAMI FL 33172			12/31/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address			4. State or Country of Formation	\$ 500, 800. 60	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0627576	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable [1] \$8.75 Additional	
Zip Country	Zηρ	Zip Country		Fee Required State (See reverse side for fee Information)	
9. Name and Address of Curren	t Registered Agent		10. If changed, new Registere	d Agont/Office	
SIEGEL, STEVEN T 1400 NW 107TH AVENUE MIAMI FL 33172 10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-name for the purpose of changing its registered office or registered agent, or bolls, in the State of Floragent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes.		Suite, Apt. #, otc. City Value value. d limited partnership org	Steet Address (P.Q. Box Number Is Not Acceptable) YOO AURIUE Suite, Apt. #, ptc. City The Code Typ Code 33172 imited partnership organized or registered under the laws of the State of Florida, submits this statement a. Such change was authorized by its general partner(s). I hereby accept the appointment of registered		
SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT	IS A CORPORATION, I	IMITED PAR	TNERSHIP OR OTHE		
	T'BE REGISTERED AN	D ACTIVE W			
11. Name(s) of General Partner(s)	11a. Address of Each Genera (No NOT Use Post Office Bo	d Partner ox Numbers) 11b.	City, State & 7ip Code	11c. Registration/ Document Number	
MOUNTAIN CREEK ASSOCIATES, I	1400 NW 107TH AVENUE	М	AMI FL 33172	P95000096924	
			500002 -01/14 *****5	4002755 /9801096010 11.25 *****541.25	
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CR2E003 (6/9)

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 logal effects as if made under eath. Further certify that I am a General Partner of the limited partnership, receiver or trusted employee do execute this report as required by planter 620, plorida Statutes.

SIGNATURE _

Typed or Printed Name of General Partner Signing Form

U L

Levy, EVP

DATE 12/29/97

Dayline Telephone Number (305)392-4066