

**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

FILED
98 DEC 24 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A96000001048	
THIRD AVENUE ASSOCIATES, LTD.		94-AR UM	
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309	6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309	05/24/1996	\$6,029,650.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/30/1997	1,828,468.68
City & State	City & State	4. State or Country of Formation	6. FEI Number
Zip	Country	FL	65-0669672
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required



9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
DUKE, BRYAN W 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309	Name Street Address (P.O. Box Number Is Not Acceptable) 400002743394--1 Suite, Apt. #, etc. -01/15/99-01022-009 City ***526.25 ***526.25 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) _____ 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THIRD AVENUE INVESTORS	6400 NORTH ANDREWS AV	FT. LAUDERDALE FL 333	G96162900029

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 12/21/98
Typed or Printed Name of General Partner Signing Form **Bryan Duke** Daytime Telephone Number 954/776-9300

CR2E003 (8/98)