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

SIGNATURE.

1a. DOCUMENT # A9600001752

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -1 AM 8: 35

		-
700 MARKET ASSOCIATES IV, L	_TD.	

		:			2012/3			
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered 5a. Capital Contributions a Shown on record.		Contributions as		
20001 N.E. 21ST COURT NORTH MIAMI BEACH FL 33179	20001 N.E. 21ST COURT NORTH MIAMI BEACH FL 33179			09/23/1996 3a. Date of Last Report 12/04/1997	5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date	o:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 94-2919030		Applied For Not Applicable		
City & State	City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional		
Zip Country	Zip	Zip Country			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								
Name								
KORN, GARY A 20803 BISCAYNE BLVD., SUITE 200		Street Address (P.O Suite, Apt. #, etc.		Box Number Is Not Acceptable)				
AVENTURA FL 33180					Zip Code			
		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.								
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 Gener (Do NOT Use Post Office B	el Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
ROKRAG, LTD.		(DE 110 F SSC F SSC ON CONTROL CON TRANSMENT)		NORTH MIAMI BEACH FL		A96000001723		
				0000027 -12/03/ ****14		1005 031003 ****141.25		
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 moort is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute his sport as required by chapter 630, Florida Statutes.								
empowered to execute this report as required by cha	pter 620, Florida Statutes. AMM A	1.		1	1/2/	94		