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

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

DOCUMENT #

FILED 98 DEC 22 PM 1: 40

SECRETARY OF STATE

Name of Limited Partnetship	"A97000001	"A97000001508"		TALLAHASSEE, FLORIDA			
UNIQUE BRICKELL, LTI	D.	,					
Mailing Address	Principal Office Address	-		3. Date Formed or Registered	5a. Capita	l Contributions as	
UNIQUE BRICKELL, INC. 490 EAST PALMETTO PARK RD., STE, 11 BOCA RATON FL 33432		490 EAST PALMETTO PARK RD., STE. 110 BOCA RATON FL 33432		07/09/1997 3a. Date of Last Report 01/02/1998	\$100.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0795645	Applied For Not Applicable		
City & State	City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of	Fee Required to: Dept. of State (See reverse side for fee information)		
Q Name and Addre	ess of Current Registered Agent	· -		10. If changed, new Registered	Agent/Office		
	199 or Contain validation value	Name					
MAX, DENNIS		Street Address (P.O. Box Number is Appropriate)					
490 EAST PALMETTO PARK ROAD, STE. 110 BOCA RATON FL 33432		Suite, Apt. #, etc. 01/00/93 01067 017					
BOGA RATON FL 33432		Sine, Apt. #, etc.			***150.00 ****150.00		
		City			FL	Zip Code	
for the purpose of changing its registr	s 620.1051 and 620.192, Fiorida Statutes, the above-name ared office or registered agent, or both, in the State of Flori the obligations of section 620.192, Florida Statutes.						
SIGNATURE (Registered Agent Accepting App				DATE			
A GENERAL PARTNE	R THAT IS A CORPORATION, I MUST BE REGISTERED AN	LIMITED D ACTIV	PARTI E WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSIN	NESS ENTITY	
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c.	Registration/ Document Number	
UNIQUE BRICKELL, INC.	490 EAST PALMETTO PA	490 EAST PALMETTO PAR		BOCA RATON FL 33432		P97000059890	
		Ē					
							
	IAY NOT be changed on this form						
Corporations from any liability of non-co	supplied with this filing is valuntarily furnished and does not ompliance with Section 119.07(3)(k) in the event that the int and that my signature shall have the same legal effects as i	formation suppli	ed is deeme	d exempt from public access. I further	certify that the i	information Indicated on	

Daytime Telephone Number