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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -7 AM 11:08

1. Name of Limited Partnership

FORTE, LTD.

1a. DOCUMENT # A98000000188

Mailing Address	Principal Office Address
ATTN: JOHN FORTE 1000 WEST AVENUE MIAMI BEACH FL 33139	ATTN: JOHN FORTE 1000 WEST AVENUE MIAMI BEACH FL 33139

3. Date Formed or Registered: 01/20/1998
3a. Date of Last Report:
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $1,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
ATTN: JOHN FORTE	3191 CORAL WAY
Suite, Apt. #, etc.: 3 STAR ISLAND	Suite, Apt. #, etc.: 300
City & State: MIAMI BEACH, FL	City & State: MIAMI, FL
Zip: 33139 Country: USA	Zip: 33145 Country: USA

6. FEI Number: 65-0805997 ☐ Applied For ☐ Not Applicable
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
FORTE PROPERTIES, INC. 1000 WEST AVENUE MIAMI BEACH FL 33139	Name: JOHN FORTE Street Address (P.O. Box Number Is Not Acceptable): 3191 CORAL WAY Suite, Apt. #, etc.: 300 City: MIAMI FL Zip Code: 33145

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 620.193, 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
FORTE PROPERTIES, INC.	1000 WEST AVENUE	MIAMI BEACH FL 33139	491052
JMF CORP	1000 WEST AVENUE	MIAMI BEACH FL 33139	427994

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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 12/2/98

Typed or Printed Name of General Partner Signing Form: JOHN FORTE, PRES. OF FORTE PROP., INC. GEN. PARTNER OF LIMITED COMP. Daytime Telephone Number: (305) 673 0097

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