


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 23 PM 3:52

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership JENE'S RETIREMENT INVESTORS, LTD.		1a. DOCUMENT # A98000001125	
Mailing Address 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 <i>11190 Biscayne Blvd.</i> <i>N. Miami, FL 33181</i>		Principal Office Address 999 WASHINGTON AVENUE MIAMI BEACH FL 33139	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 05/06/1998		5a. Capital Contributions as Shown on record \$550,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 WASSERMAN, MARTIN W 999 WASHINGTON AVENUE MIAMI BEACH FL 33139		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 100002859491 - 8 Suite, Apt. #, etc. -04/30/99 -01141-012 City ***526.25 ***526.25 FL	
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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) JENE'S RETIREMENT LIVING, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 999 WASHINGTON AVENUE	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/Document Number P98000040692
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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 *Jack J. Michel, Pres* DATE **4/20/99**

Typed or Printed Name of General Partner Signing Form **JACK J. MICHEL Pres** Daytime Telephone Number _____

CR2E003 (12/98)