

**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 21 PM 12:56

1. Name of Limited Partnership		1a. DOCUMENT # A98000001138	
417 LAKE WORTH 1998 LIMITED PARTNERSHIP			
Mailing Address 498 Seventh Avenue Suite 711 New York, NY 10018		Principal Office Address 1201 Hays Street Tallahassee, Florida 32301	
2. Mailing Address 498 Seventh Avenue Suite, Apt. #, etc. Suite 711		2a. Principal Office Address 1201 Hays Street Suite, Apt. #, etc.	
City & State New York, NY		City & State Tallahassee, FL	
Zip 10018		Zip 32301	
3. Date Formed or Registered 5/7/98		5a. Capital Contributions as Shown on record. \$10,000.00	
3a. Date of Last Report 5/7/98		5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00	
4. State or Country of Formation Florida		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		10. If changed, new Registered Agent/Office	
Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc. 000002734780-6	
		City 01/08/99 01970-017 ****141.FL ****141.25	

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
417 Lake Worth Corp.	498 Seventh Avenue Suite 711	New York, NY 10018	P98000041751

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 12/11/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)