

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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership MILLENNIUM OPTIONS, LTD.	1a. DOCUMENT # A98000002109
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Mailing Address 433 PLAZA REAL SUITE 365 BOCA RATON FL 33432	Principal Office Address 433 PLAZA REAL SUITE 365 BOCA RATON FL 33432	3. Date Formed or Registered 09/10/1998	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address 210-174 Street Suite, Apt. #, etc. Apt. 2201 City & State North Miami Beach, FL Zip Country 33160 USA	2a. Principal Office Address 210-174 Street Suite, Apt. #, etc. Apt. 2201 City & State North Miami Beach, FL Zip Country 33160 USA	3a. Date of Last Report 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date \$ 7,500
		6. FEI Number 65-0897940 65-0897940	<input 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 B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Shechter Asset Management, LLC Street Address (P.O. Box Number is Not Acceptable) 210-174 Street Suite, Apt. #, etc. Apt. 2201 City North Miami Beach FL Zip Code 33160
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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) *[Signature]* DATE **3-14-99**

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) SCHECHTER ASSET MANAGEMENT,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 433 PLAZA REAL, SUITE 365	11b. City, State & Zip Code BOCA RATON FL 33432	11c. Registration/Document Number L98000001795
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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 *[Signature]* DATE **3/14/99**

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

CR2E003 (12/98)