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

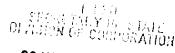
LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



99 MAR 25 AM 11: 26

1. Name of Limited Partnership	1a. DOCUMENT # A9800002882			1 120/03/ 10/12 10/12/ 10/13/ 20/14 2 0/14]]	
PEMBROKE COMMERCE CEI	NTER, LTD.)/ 	
Mailing Address 1812 S.W. 31 AVENUE	Principal Office Address 1812 S.W. 31 AVENUE			3. Date Formed or Registered 12/29/1998		5a. Capital Contributions as Shown on record.	
PEMBROKE PARK FL 33009	PEMBROKE PARK FL 33009			3a, Date of Last Report	Cont	unt of Capital ribulions in F1 ORIDA	\dashv
2. Mailing Address	2a. Principal Office Address		4	4. State or Country of Formalion	to dale 200,000.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number	XXI Applied For Not Applicable		
City & State Zip Country	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Country	Zip	8. Make check payable to: De		Make check payable to: Dept. of	State (See re-		n)
9. Name and Address of Current	Registered Agent			10. If changed, new Registered	Agent/Office		
COBER CORPORATE AGENTS, INC. 2601 S. BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
		City		FL Zip Code			
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	of section 620.192, Florida Statutes. IS A CORPORATION, LIT BE REGISTERED AND	IMITED ACTIV	PARTI	DATE NERSHIP OR OTHI	<u>.</u>		Y
11. Name(s) of General Partner(s)	11a. (Bo NOT Use Post Office Box N	eneral Partner ce Box Numbers)		City, State & Zip Code		Registration/ Document Number	
PEMBROKE COMMERCE CENTER, IN	1812 S.W. 31 AVENUE		PEMBROKE PARK FL 3300		P98000106135		(odice) coolica
	my	.1	CA)	1 (0000001228 -03/25/ ****53	3 (1 53 C) 799- 01 75, 00	#01003 041003 ****535.00	
Note: General partners MAY NOT	be changed on this form	an ame	ndment	must be filed to ch	nge a g	eneral partner	-
12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.0 is true and accurate and that my signature shall have to execute this report as required by chapter 620, Florida	s filing is voluntarily furnished and does not quart/ 7(3)(k) in the event that the information supplie he same legal effects as if made under oath. I	alify for the ex ed is deemed	emplion stated exempt from p	d in Section 119 07(3)(k). Florida Statublic access. I further certify that the	lutes I release	e the Division of Corporation	
SIGNATURE Chie M. Pembroke Commerce Center.		Presid		President DATE	3/24/99		

954-981-8073 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number