

**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 SEP 21 AM 11:33

1. Name of Limited Partnership 053, LTD.	1a. DOCUMENT # A98000001080
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Mailing Address 1400 EAST NEWPORT CENTER DRIVE, STE. 209 DEERFIELD BEACH FL 33442	Principal Office Address 1400 EAST NEWPORT CENTER DRIVE, STE. 209 DEERFIELD BEACH FL 33442	3. Date Formed or Registered 05/01/1998	5a. Capital Contributions as Shown on record. \$2,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 06-1514268	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input checked="" 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 KAY, JAMES R ESQ. C/O AKERMAN, SENTERFITT & EIDSON, P.A. 777 SOUTH FLAGLER DR., STE. 900, EAST TWR WEST PALM BEACH FL 33401	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 900002646429 Suite, Apt. #, etc. -09/22/98--01080--009 City ***535.00 ***535.00 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) 053, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1400 EAST NEWPORT CEN	11b. City, State & Zip Code DEERFIELD BEACH FL 33	11c. Registration/ Document Number P98000038492
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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 Linda C. Kassoff DATE 9-17-98
Typed or Printed Name of General Partner Signing Form LINDA C. KASSOFF Daytime Telephone Number 954-4284587

CR2E003 (8/98)