## 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

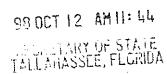
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**SIGNATURE** 

**DOCUMENT#** A95000000874





D. Gar	ton		
Principal Office Address  190 CASUARINA CONCOURSE CORAL GABLES FL 33143  2a. Principal Office Address		3. Date Formed or Registered  06/06/1995  3a. Date of Last Report  12/01/1997  4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$150,000.00  5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.  City & State  Zip Co	untry	6. FEI Number 65-0592716 7. Cortificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
100 S.E. 2ND ST., STE. 3910  MIAMI FL 33131  Suite, Apt. #, etc.  City  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership or for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PAI		p organized or registered under the laws of the State of Florida, submits this statement as authorized by its general partner(s). I hereby accept the appointment of registered	
Address of Each General Pa 11a. (Do NOT Use Post Office Box N	umbers) 11b.	City, State & Zip Code  ORAL GABLES FL 33143  SDDDD26  -10/20	11c. Registration/ Document Number  P95000042201  BB7983—-4  /9801048015  26.25 ****526.25
	Principal Office Address  190 CASUARINA CONCOURSE CORAL GABLES FL 33143  2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Co  rigistered Agent  20.192, Florida Statutes, the above-named linestered agent, or both, in the State of Florida. section 620.192, Florida Statutes.  SA CORPORATION, LINBEREGISTERED AND  11a. (Do NOT Use Post Office Box N	Principal Office Address  190 CASUARINA CONCOURSE CORAL GABLES FL 33143  2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country  Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country  Name  Street Address (P.O. Suite, Apt. #, etc.  City  20.192, Florida Statutes, the above-named limited partnership org stered agent, or both, in the State of Florida. Such change was au section 620.192, Florida Statutes.  SA CORPORATION, LIMITED PAR BE REGISTERED AND ACTIVE W  11a. (Do NOT Use Post Office Box Numbers)  11b.	Principal Office Address  190 CASUARINA CONCOURSE CORAL GABLES FL 33143  2a. Principal Office Address  FL Suite, Apt. #, etc.  City & State  Zip  Country  Country  10. If changed, new Registered  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  20.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the storad agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I herebisection 620.192, Florida Statutes.  3. Date Formed or Registered  06/06/1995  3a. Date of Last Report 12/01/1997  4. State or Country of Formation  FL 6. FEI Number 65-0592716  7. Certificate of Status Desired  7. Certificate of Status Desired  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  20.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the storad agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I herebisection 620.192, Florida Statutes.  3. Date formation  6. FEI Number 65-0592716  7. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make check payable to: Dept. of the status Desired 9. Make c

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 pon-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as the fundamental product of 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 ground by original statutes.