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

a. DOCUMENT # A9800001843

FILED

98 DEC 17 PH 2: 32

	A9000001	040	SECRETAR	GF STATE	
ALLAPATTAH GARDENS, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2937 S.W. 27TH AVENUE. SUITE 303 MIAMI FL 33133	2937 S.W. 27TH AVENUE. SUITE 303 MIAMI FL 33133		07/29/1998 3a. Date of Last Report	\$99.99	
		<u> </u>	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FE! Number	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip	Country		\$8.75 Additional Fee Required	
	<u> </u>		8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
GREEN, PATRICIA K		Name			
150 W. FLAGLER ST., 2200 MUSEUM TOWER		Street Address (P.O. E	ddress (P.O. Box Number Is Not Acceptable)		
MIAMI FL 33130 Suite, Apt #.		Suite, Apt. #, etc.			
		City		FL Zip Code	
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 11b.	City, State & Zip Code	11c. Registration/ Document Number	
ALLAPATTAH GARDENS, INC.	2937 S.W. 27TH AVENUE	MI	AMI FL 33133	P98000066569	
NEW CENTURY DEVELOPMENT CORP	2937 S.W. 27TH AVENUE	MI	AMI FL 33133	P98000066569	
			1000027; -12/24/9 ****141	22461—6 8—01091—012	
u			AL	DEC 2 2 1996	
•				טנט ב ב ווייטו	
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 itentity 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 fure and accordate and that my storagure shall have the game legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee					

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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 accordate and that ray 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 repuir as required by chapter 620, Florida Statutes.

Typed or Printed Name of General P

Daytime Telephone Number