


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 DEC 22 PM 2:27	
1. Name of Limited Partnership		1a. DOCUMENT # A97000002949			
THE SUAREZ FAMILY LIMITED PARTNERSHIP					
Mailing Address 301 PACIFIC ROAD KEY BISCAYNE FL 33149		Principal Office Address 301 PACIFIC ROAD KEY BISCAYNE FL 33149		3. Date Formed or Registered 12/31/1997	
				3a. Date of Last Report 02/23/1998	
				4. State or Country of Formation FL	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record. \$400,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date.	
City & State		City & State		6. FEI Number 65-0842177 <input type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable	
Zip		Country		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		10. If changed, new Registered Agent/Office	
TRESCOTT, ROBERT L 2121 PONCE DE LEON BLVD., STE. 900 CORAL GABLES FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) 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 (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SUAREZ, GASTON M SUAREZ, MARTA N	301 PACIFIC ROAD 301 PACIFIC ROAD	KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149	
3000002732623--7 -01/07/99--01006--017 ***526.25 ***526.25			

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 *X*

DATE *X* 12/18/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)