



**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -2 PM 9:28</p>	
1. Name of Limited Partnership 1802 ASSOCIATES, LTD.		1a. DOCUMENT # A98000001230			
Mailing Address 404 WASHINGTON AVE SUITE 120 MIAMI BEACH, FL 33139		Principal Office Address 404 WASHINGTON AVENUE SUITE 120 MIAMI BEACH, FL 33139		3. Date Formed or Registered 06/23/98 3a. Date of Last Report N/A	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 5a. Capital Contributions as Shown on record 480,150.00 5b. Amount of Capital Contributions in FLORIDA to date 23,451.00	
				6. FEI Number 65-0844793 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				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 THREATT, Robert R. 404 WASHINGTON AVE SUITE 120 MIAMI BEACH, FL 33139				10. If changed, new Registered Agent/Office 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	
1802 ASSOCIATES G.P., INC.		404 WASHINGTON AVE SUITE 120		MIAMI BEACH, FL 33139	
				11c. Registration/Document Number 798000043755 600002793406--0 -03/03/99--01059--005 ****265.15 ****265.15 	
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 <u>Robert R. Threatt V.P. G.P.</u> Typed or Printed Name of General Partner Signing Form ROBERT R. THREATT				DATE <u>1/7/99</u> Daytime Telephone Number (305) 532-3073	

CR2E003 (8/98)