FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

WILL BE SUBJECT TO REVOC	ATION AND \$500 PENALT	Y FEE				
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Name of Limited Partnership	1a. DOCUMENT # A00752			98 DEC 22 PM 12: 08 unt		
PARK TOWERS ASSOCIATES, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	7
390 N.W. 2ND STREET MIAMI FL 33128	390 N.W. 2ND STREET MIAMI FL 33128			01/29/1965 3a. Date of Lest Report 12/22/1997	\$50.00 5b. Amount of Capital Contributions in FLORIDA	1
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	7
City & State	City & State			59-1113387 7. Certificate of Status Desired	Not Applicable \$8.75 Additional	-
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See réverse side for fee information)		
9. Name and Address of Current R	egistered Agent			10. If changed, new Registered	Agent/Office	-
FINE, MARTIN 58 SAMANA DR. CORAL GABLES FL 33143		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc01/11/9901015015				7
			City ****141. FL *****0441.25			
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.						
A GENERAL PARTNER THAT I	S A CORPORATION, L	IMITED !	PARTI	NERSHIP OR OTHE	R BUSINESS ENTITY	-
	BE REGISTERED ANI 11a. Address of Each General	Partner	11b.	City, State & Zip Code	11c. Registration/	-
11. Name(s) of General Partner(s)	(Do NOT Use Post Office Bot	(Numbers)	HD.	City, State & Zip Code	Document Number	_ ლ
KISLAK, J. I.	7900 MIAMI LAKES DR.W		MIAMI LAKES FL		CR2E003 (8/9)	
FINE, MARTIN	58 SAMANA DR.		MIAMI FL			2E00
P.P.J. PARTNERSHIP	7900 MIAMI LAKES DR.		MAN	AI LAKES FL	G93350900014	R
						1

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 13to 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 require

Typed or Printed Name of General Partner Signing Form

SIGNATURE Z

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