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 DEZARTMENT OF STATE

Sandra B, Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

HITCHING POST MOBILE HOME PARK OF DANIA,

* 420

FILED

98 NOV -5 PM 12: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



LORIDA, LIMITED PARTN	JERSHIP	,		
Mailing Address 21224 HARROW COURT	Principal Office Address 21224 HARROW COURT	V 	3. Date Formed or Registered 09/24/1970	Shown on record.
BOCA RATON FL 33433	BOCA RATON FL 33433		3a. Date of Last Report 01/05/1998	98 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-1300296	Applied For Not Applicable
City & State Zip Country	City & State	City & State Zip Country		\$8.75 Additional Fee Required
			8. Make check payable to: Dept. of	State (See reverse side for fee information
9. Name and Address of	f Current Registered Agent		10. If changed, new Registered	d Agent/Office
BOLOTIN, MARIAN W.		Name Street Address (P.O. Box Number Is Not Acceptable)		
21224 HARROW COURT BOCA RATON FL 33433		Suite, Apt. #, etc.		
		City		FL Zip Code
agent. I am familiar with, and accept the oi	office or registered agent, or both, in the State of Fi biligations of section 620.192, Florida Statutes.	lorida. Such change was au	thorized by its general partner(s). I hereb	y accept the appointment of registered
A GENERAL PARTNER I	THAT IS A CORPORATION, MUST BE REGISTERED A	, LIMITED PAR ND ACTIVE W	THE THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office		City, State & Zip Code	11c. Registration/ Document Number
BOLOTIN, THEODORE M. DR.	21224 HARROW COUR	RT BC	OCA RATON FL	27.
		127	3000021 11/06/98 *****51	5826930 57092 009 08.75 *****508.75
				AL NOV - 5 199
Note: General partners MAY				
12. I do hereby certify that the information supplie Corporations from any liability of non-complia	ed with this filing is voluntarily furnished and does nance with Section 119.07(3)(k) in the event that the			

۷.	Tele receipt could state the internation supplied with this liking it vehicles and does not qualify for the exemption sealed in section 113-07(5)(6), involute states. Indicase the consisting
	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 a made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee
	empowered to execute this report as equived by chapter 620, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

THEODOLE

BOLOTA

Daytime Telephone Number 56/ 187 3558