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

99 JAN 11 AM 10:09

1. Name of Limited Partnership

1a. DOCUMENT # A03841

2699 BISCAYNE BOULEVARD, LTD.

Mailing Address	Principal Office Address
8309 S.W. 142 AVE # H107	8309 S.W. 142 AVE # H107
MIAMI, FLORIDA 33183	MIAMI, FLORIDA 33183

3. Date Filed in This Registered

1/18/94

3a. Date of Last Report

1998

4. State or Country of Formation

FLORIDA

5a. Capital Contributions Stated or Agreed

174,700.00

5b. Amount of Capital Contributions in FLORIDA to Date

6. FEI No.

59-1553654

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (Fee required for each limited partnership)

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

9. Name and Address of Current Registered Agent

MORENO, MARIA
8309 S.W. 142 AVE # H107
MIAMI FL 33183

10. Proposed New Registered Agent Office

Name

Street Address (P.O. Box Number Not Acceptable)

Suite, Apt. # etc.

City

FL Zip Code

10a. Pursuant to the provisions of section 620.1051 and 620.192 Florida Statutes, the above named limited partnership organized for business 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 the general partner(s). I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 620.193 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) x Maria Moreno DATE 1/8/99

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 Number)	**11b.** City, State & Zip Code	**11c.** Required Document Filed
MORENO, MARIA	8309 S.W. 142 AV. #H1	MIAMI FL 33183	

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 in Section 119.07(3)(i), 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership or other entity empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE x Maria Moreno DATE 1/8/99

Typed or Printed Name of General Partner Signing Form MARIA MORENO Daytime Telephone Number (305) 386-9615

CR2E003 (8/98)