

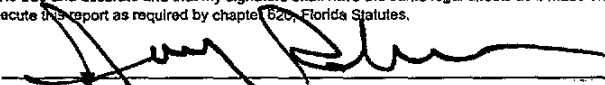


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 DEC -7 PM 1:42</p> 	
<b>1. Name of Limited Partnership</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>1a. DOCUMENT #</b>  <b>A05045</b> </div>		<b>3. Date Formed or Registered</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>06/25/1976</b> </div> <b>3a. Date of Last Report</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>12/29/1997</b> </div> <b>4. State or Country of Formation</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>OH</b> </div> <b>6. FEI Number</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>59-1685038</b> </div> <b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			
<b>2. Mailing Address</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             13800 N. KENDALL DR.              MIAMI FL 33186           </div>		<b>2a. Principal Office Address</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             13600 N. KENDALL DR.              MIAMI FL 33186           </div>		<b>5a. Capital Contributions as Shown on record.</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>\$930,000.00</b> </div> <b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>2. Mailing Address</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             Suite, Apt. #, etc.              City &amp; State              Zip Country           </div>		<b>2a. Principal Office Address</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             Suite, Apt. #, etc.              City &amp; State              Zip Country           </div>		<b>6. FEI Number</b> <input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>9. Name and Address of Current Registered Agent</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>STRICKROOT, JOHN C</b>  <b>25 W. FLAGLER ST.</b>  <b>5TH FLOOR, CITY NATIONAL BANK BLDG.</b>  <b>MIAMI FL 33130</b> </div>					
<b>10. If changed, new Registered Agent/Office</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>Suite, Apt. #, etc.</b>  <b>City</b> <b>FL</b> <b>Zip Code</b> </div>					
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE (Registered Agent Accepting Appointment)</span> <span>DATE</span> </div>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>POWELL, JOHN JR.</b>  <b>ROSE, BURTON</b>  <b>ISAN, JERRY</b> </div>		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>6639 EMBASSY COURT</b>  <b>5580 MONROE ST.</b>  <b>2420 N.E. 27TH STREET</b> </div>		<b>11b. City, State &amp; Zip Code</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>MAUMEE OH</b>  <b>200002710952--7</b>  <b>SYLVANIA OH</b>  <b>-12/11/98--01106--006</b>  <b>*****526.25 *****526.25</b>  <b>LIGHTHOUSE POINT FL</b> </div>	
<b>11c. Registration/Document Number</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> </div>					
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE </span> <span>DATE <b>11-17-98</b></span> </div>					
<div style="display: flex; justify-content: space-between;"> <span>Typed or Printed Name of General Partner Signing Form</span> <span>Daytime Telephone Number</span> </div>					

CR2E003 (6/98)