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

1. Name of Limited Partnership

DOCUMENT# A06113

98 DEC - 7 AMIN: NI

| ARK | PL. | ΔΖΔ | LTD. |
|------------|-----|-----|------|

| AIRPARK PLAZA, LTD. | | | | | |
|--|---------|--|---------|---|--|
| Mailing Address 701 BRICKELL AVE STE. 1400 MIAMI FL 33131 | | Principal Office Address 701 BRICKELL AVE STE. 1400 MIAMI FL 33131 | | 3. Date Formed or Registered 11/22/1977 3a. Date of Last Report | 5a. Capital Contributions as Shown on record. \$590,030.00 |
| 2. Mailing Address | | 2a. Principal Office Addr | ress | 12/01/1997 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. City & State | | Suite, Apt. #, etc. | | 6. FEI Number 59-1782190 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 7. Certificate of Status Desired 8. Make check payable to: Dept. of | \$8.75 Additional Fee Required State (See reverse side for fee information) |
| | | | | | |

| 9. Name and Address of Current Registered Agent | 10. If changed, new Registered Agent/Office | | |
|---|--|--|--|
| PITTS, W. DOUGLAS | Name | | |
| 701 BRICKELL AVENUE | Street Address (P.O. Box Number Is Not Acceptable) | | |
| SUITE 1400 | Suite, Apt #, etc. | | |
| MIAMI, FL FL 33131 | City Zip Code | | |

10a. Pursuant to the provisions of sections 620,1051 and 620,195, 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),

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. (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---|-----------------------------|---------------------------------------|
| LANCASTER DEVCORP, INC. | 701 BRICKELL AVE., SU | MIAMI FL 33131-2822 | M34390 |
| | | l –12/11/ | 7107903 78801105001 |
| | | ******* | %.25 ****526.25 |
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| 4 | | | |

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 filling 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 occurate 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 legal red by chapter 920, Florida Statutes. this annual report is true and accurate empowered to execute this report as

| SIGNATUR | Е |
|----------|---|
|----------|---|

Typed or Printed Name of Gene