

**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>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mosham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED 1/26/98  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>1. Name of Limited Partnership:</b> PLAZA 1551 ASSOCIATES, LTD.		<b>1a. DOCUMENT #</b> A08248
<b>Mailing Address</b> STATE BOX 0000 6880 BOCA RATON FL 33496	<b>Principal Office Address</b> STATE BOX 0000 6880 X BOCA RATON FL 33496	<b>3. Date Formed or Registered</b> 12/14/1979
<b>2. Mailing Address</b> P. O. Drawer 3948 Suite, Apt #, etc	<b>2a. Principal Office Address</b> P. O. Drawer 3948 Suite, Apt #, etc	<b>3a. Date of Last Report</b> 09/10/1997
<b>City &amp; State</b> West Palm Beach, FL	<b>City &amp; State</b> West Palm Beach, FL	<b>4. State or Country of Formation</b> FL
<b>Zip</b> 33402	<b>Zip</b> 33402	<b>5a. Capital Contributions as Shown on record</b> \$0.00
		<b>5b. Amount of Capital Contributions in FLORIDA to date</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<b>6. FEI Number:</b> 59-1959183
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
		<b>8. Make check payable to: Dept. of State (See reverse side for information)</b>

**9. Name and Address of Current Registered Agent**

~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~

**10. If changed, new Registered Agent/Office**

Name: **Daniel L. Bakst**  
 Street Address (P.O. Box Number is Not Acceptable): **1551 Forum Place**  
 Suite, Apt #, etc: **Buildings 200 & 400 II NEWSPAPER BUILDING**  
 City: **West Palm Beach** FL **33401**

**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). Thereby 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): *[Signature]* DATE: *12/15/98*

**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 Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
GLUCKSTERN, ALLAN J	5448 ASCOT BEND	BOCA RATON FL 33496	
BAKST, DANIEL L	1551 FORUM PL. BLDG.	WEST PALM BEACH, FL 3	
BAKST, ELAINE	1551 FORUM PL. BLDG.	WEST PALM BEACH, FL 3	
ACKERMAN, JACK	1551 FORUM PL. BLDG.	WEST PALM BEACH, FL	

**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 stated in Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) 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. 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.

SIGNATURE: *[Signature]* DATE: *12/15/98*

Typed or Printed Name of General Partner Signing Form: **DANIEL L BAKST** Daytime Telephone Number: **561-640-8000**

CR2E003 (8/98)