## FILF 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** 

Name of Limited Partnership

**DOCUMENT#** 

FILED

98 OCT -9 PM 4: 30

|   | A08659  |  | SECRETARY OF STATE TALLAHASSEE, FLORIDA                          |   |
|---|---|--|--|---|
| TURNPIKE DEVELOPMENT,   |   |  |  |   |
| Malling Address   | Principal Office Address                                | Principal Office Address                           |  | 5a. Capital Contributions as Shown on record.                 |
| 14339 S.W. 119TH AVENUE 14339 S.W. 119TH AVENUE MIAMI FL 33186-6006 MIAMI FL 33186-6006   |   |  | 03/06/1980<br>3a. Date of Lest Report \$5,503,000.00             |   |
|   |   |  | 09/11/1997  5b. Amount of Cepital Contributions in FLOR to date: | 5b. Amount of Cepital<br>Contributions in FLORIDA<br>to date: |
| 2. Mailing Address  | 28. Principal Office Address                            | 2a. Principal Office Address                       |  | to gato.  |
| Suite, Apt. #, etc.   | Sulte, Apt. #, etc.                                     | Sulte, Apt. #, etc.                                |  | Applied For   |
| City & State  | City & State  | City & State                                       |  | Not Applicable  \$8.75 Additional                             |
| Zip Country   | Zip   | Country  | 8, Make check payable to: Dept. of                               | Fee Required State (See reverse side for fee information)     |
| 9. Name and Address of Cur  | ent Registered Agent                                    |  | 10. If changed, new Registered                                   | d Agent/Office  |
| Total BRICKELL AVENUE, SUITE 1600 MIAMI FL 33131  10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat  SIGNATURE (Registered Agent Accepting Appointment), | or registered agent, or both, in the State of Florid    | City  d limited partnership of la. Such change was | rganized or registered under the laws of the                     | y accept the appointment of registered                        |
| A GENERAL PARTNER THA   | T IS A CORPORATION, L<br>ST BE REGISTERED AND           | IMITED PA  | RTNERSHIP OR OTHE  |   |
| 11. Name(s) of General Partner(s)   | 11a. Address of Each General (Do NOT Use Post Office Bo |  | <del></del>  | 11c. Registration/<br>Document Number                         |
| Turnpike <b>Ge</b> neral Partner, in  | 701 BRICKELL AVENUE,                                    |  | MIAMI FL 33131<br>700026<br>-10/12/<br>*****55                   | P94000092719 55 20 1 7 - 015 2 98 - 01130 - 015 2 98 - 00     |
|   | T be changed on this form                               |  |  | 10.17   |

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.

ASST SECTY, THE NO