

**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

FILED
98 OCT 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A08911
EDWARDS, LIMITED	

Mailing Address % C. MCCARTHY 105 E. SILVER SPRING DRIVE MILWAUKEE WI 53217	Principal Office Address 953 COLLINS AVENUE MIAMI BEACH FL 33131	3. Date Formed or Registered 05/21/1980	5a. Capital Contributions as Shown on record. \$735,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 09/15/1997	5b. Amount of Capital Contributions In FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2259091	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1311 EXECUTIVE CENTER DRIVE SUITE 200 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
**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) FORMAN, ROSE C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9350 BAY HARBOR DR.#7	11b. City, State & Zip Code BAY HARB. ISLANDS FL	11c. Registration/Document Number 200002666102--3 -10/16/98--01111--016 ****535.00 ****535.00
doc (cus)			

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)(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.

SIGNATURE Rose C. Forman DATE 10-8-98
Typed or Printed Name of General Partner Signing Form ROSE C. FORMAN Daytime Telephone Number 414 964 2660

CR2E003 (8/98)