FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

State State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A08965

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TRANSFLORIDA PLAZA - PLANTATION, LTD.			I INNIAN TO BY TRICK AT	L INDIAN TENT TENT TENT TENT TENT TO THE STATE OF THE STATE STATE THE STATE OF THE	
Mailing Address 1725 S. BAYSHORE DR MIAMI FL 33133-3305	Principal Office Address 1725 S. BAYSHORE DR. MIAMI FL 33133-3305		3. Date Formed or Registered 06/04/1980 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$1,400,000.00	
2. Mailing Address			12/22/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
			FL.		
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 59-2013701	Applied For Not Applicable	
City & State	Oily & State		7. Certificate of Status Desired	\$8,75 Additiona'	
Zip Country	Zip Country		8, Make check payable to Dept c	Fee Required 8. Make check payable to Dept of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
SILVER, BERNARD F P.A. 1725 S. BAYSHORE DRIVE MIAMI FL 33133-3305		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt #, etc			
		City FI Zp Code			
agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	IS A CORPORATION,		PARTNERSHIP OR OTH E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B		11b. City, State & Zip Code	11c. Registration/ Document Number	
TRANSFLORIDA PLAZA-PLANTATION G. P., INC.	1725 S. BAYSHORE DR.		MIAMI FL 33133	P92000013051	
			51.26-99 *****	28323 0/9901060024 535.00 ****535.00	
Note: Comment and MAY NOT					
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.07 is true and accurate and that my signature shall have the execute this report as required by chapter 620. Florida:	filing is voluntarily furnished and does no (3)(k) in the event that the information supersame legal effects as if made under oal	I qualify for the ex pplied is deemed	emption stated in Section 119 07(3)(k), Florida S exempt from public access I further certify that I gittal Lam a General Partner of the limited partn	Statutes Trelease the Division of Corporations the information indicated on this annual report	
Typed or Printed Name of General Partner Signing Form	CHIMAN I HOUSE		Daytime Telephone Number	00000	