## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

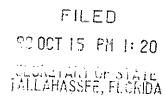


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A09026



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LMETTO 4 BAY, LTD.	au-PEM	TO THE PROPERTY OF THE PROPERT	
ing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as

Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
7135 N.W. 74TH ST. MIAMI FL 33166	7135 N.W. 74TH ST. MIAMI FL 33166		06/24/1980 3a. Date of Last Report	\$375,000.00	
			12/24/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
			FL .		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
			59-2068923	Not Applicable	
City & State	City & State		39 2000923	- Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country		Fee Required	
			8. Make check payable to: Dept. of S	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
		Name			
AUSTEN, PETER T.					
7135 N.W. 74TH STREET MIAMI FL 33166		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.			
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 Fiorida. Such change was authorized by its general partner(s). I bereby 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

MOOI DE MEGICIEMED MINE MINE MINE MINE						
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			
AMES, RONALD	1825 N.W. 167TH ST	MIAM! FL				
AUSTEN, PETER T.	7135 N.W. 74TH ST	MIAMI FL				
MIGÖNE, BRUCE	7125 N.W. 74TH ST	MIAMI FL				
		200002	5575075			

\*\*\*\*526.25 \*\*\*\*526.25

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 supplies 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 Ilability 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 accordate and charging 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 execute this paper 620. Florida Statutes. empowered to execute this repor chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Peter T. Austen

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