

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 PM 12:22



1. Name of Limited Partnership
1a. DOCUMENT #
A10029

FORTY-ONE-SIXTY, LTD.

Mailing Address
2665 S. BAYSHORE DR.
SUITE M-103
COCONUT GROVE FL 33133
Principal Office Address
~~2665 S. BAYSHORE DR.~~
~~SUITE M-103~~
3225 AVIATION AVENUE, 7TH FL.
COCONUT GROVE FL 33133

3. Date Formed or Registered
02/03/1981
3a. Date of Last Report
04/18/1997
4. State or Country of Formation
FL
5a. Capital Contributions as Shown on record.
\$19,987.50
5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number
59-2168087
7. Certificate of Status Desired
8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
3225 AVIATION AVE
Suite, Apt. #, etc.
7th FLOOR
City & State
COCONUT GROVE
Zip Country
FL 33133 USA
2b. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country
Same as mailing address

9. Name and Address of Current Registered Agent
GARS, IRWIN S
2665 S. BAYSHORE DR.
SUITE M-103
COCONUT GROVE FL 33133
10. If changed, new Registered Agent/Office
Name
GARS, IRWIN S.
Street Address (P.O. Box Number Is Not Acceptable)
3225 AVIATION AVE. 7th Fl.
Suite, Apt. #, etc.
7th FLOOR
City
COCONUT GROVE
Zip Code
FL 33133

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 12/30/97

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
DIXON, ROBERT GLASSMAN, JEROME	2665 S. BAYSHORE SUITE 3225 AVIATION AVE, 7th Fl. 2801 S. COLLEGE	COCONUT GROVE FL 3313 OCALA FL 34478	

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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 ROBERT DIXON DATE 12-16-97

CR2E003 (6/97)