


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

228.67

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 23 PM 1:26

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LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FORTY-ONE-SIXTY, LTD.		1a. DOCUMENT # A10029			
Mailing Address 3225 AVIATION AVE., 7TH FL. COCONUT GROVE FL 33133		Principal Office Address 3225 AVIATION AVE., 7TH FL. COCONUT GROVE FL 33133		3. Date Formed or Registered 02/03/1981	
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 12/31/1997	
City & State		City & State		4. State or Country of Formation FL	
Zip		Zip		6. FEI Number 59-2168087	
Country		Country		5a. Capital Contributions as Shown on record. \$19,987.50	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				7. Certificate of Status Desired <input 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 GARS, IRWIN S 3225 AVIATION AVE., 7TH FL. COCONUT GROVE FL 33133		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) DIXON, ROBERT GLASSMAN, JEROME	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3225 AVIATION AVE., 7 2801 S. COLLEGE	11b. City, State & Zip Code COCONUT GROVE FL 3313 OCALA FL 34478	11c. Registration/ Document Number 600002740506--1 -01/13/99--01097--002 ****228.67 ****228.67
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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

DATE

12-17-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)