

**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
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FILED
99 JAN -5 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A14645
OKEE SQUARE ASSOCIATES LTD.	



Mailing Address % THE GOODMAN COMPANY 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33401	Principal Office Address % THE GOODMAN COMPANY 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33401	3. Date Formed or Registered 06/09/1983	5a. Capital Contributions as Shown on record. \$5,932,903.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/05/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$5,932,903
Suite, Apt. #, etc. Suite 1101E	Suite, Apt. #, etc. Suite 1101E	4. State or Country of Formation FL	6. FEI Number 59-1453879
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country	\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent WITT, GARRY L % THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH FL 33401	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
OKEE SQUARE, INC.	777 S. FLAGLER DRIVE	W. PALM BEACH FL 3340	P93000004507

800002750918-3
-01/21/98-01119-013
***535.00 ***535.00

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 William A. Shewalter DATE **12-29-98**
 by: **William A. Shewalter, Asst. Treasurer** Daytime Telephone Number **561-833-3777**
 Okee Square, Inc.

CR2E003 (8/98)