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

1a. DOCUMENT # **A14647**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN 19 PM 3: 56

	ASSOCIATES.	I TO
\mathbf{v}_{F}	AUGUCIA LU.	LID.

Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
2828 CORAL WAY	2828 CORAL WAY	06/08/1983	\$1,322,500.00
PENTHOUSE SUITE	PENTHOUSE SUITE	3a. Date of Last Report	ψ1,022,000·00
MIAMI FL 33145	MIAMI FL 33145	01/20/1998	5b. Amount of Capital Contributions in FLORIDA
		4. State or Country of Formation	to date:
2. Mailing Address	2a. Principal Office Address	FL	-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 13-3177387	Applied For Not Applicable
City & State	City & State	10 017 7007	NotApplicable
Zip Country	Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
The country		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	It changed, new Registered Agent/Office		
REREZ, JORGE M.	Name			
2828 CORAL WAY, PH 1	Street Address (P.O. Box Number Is Not Acce	ptable)		
MIAMI FL 33145	Suite, Apt. #, etc.			
	City	FL Zip Code		
		and the facility of the Chair of Chairfely authority this statement		

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
THE RELATED COMPANIES OF FLO	2828 CORAL WAY, PH 1	MIAMI FL	617998
THE RELATED COMPANIES, INC.	645 FIFTH AVE.	NEW YORK NY	848954
		0000027 01/22/3	51S800 8-01101-008
		****535	5.00 ****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.

SIGNATURI	È
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yped or Printed Name of General Partner Signing Form

VICE - PRESIDENT

. DATE 11/3(/9/

____ Daytime Telephone Number

CRZEUUS (6/36)