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

LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra B. Secretary	FLORIDA DEPARTMENT OF ST Sandra B. Mortham Secretary of State DIVISION OF CORPORATION		FILED		
1. Name of Limited Partnership	1a. DOCUME A15472			.98 NOV 18 SECRETARI TALLAHASSE		
FOUR DEVELOPMENT, LTD.			Ĺ			
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
16501 NW 16 CT.	16501 NW 16 CT.			10/10/1983	Shown on record.	
MIAMI FL 33169	MIAMI FL 33169	•		3a. Date of Last Report	\$4,908.00	
				10/20/1997	5b. Amount of Capital Contributions in FLORIDA	
		18		4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	Za. Principal Office Address		FL.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State	City & State		59-2321581	Not Applicable	
		Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zlp Country	Zip			8. Make check payable to: Dept. of Sta	ate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent Name			10, If changed, new Registered Agent/Office			
SUAREZ, AMANCIO V			ss (P.O. Bo)	x Number Do Adephole	3 951768	
16501 NW 16 CT.		Suite, Apt. #,	-11/24/9801037013			
MIAMI FL 33169			THE STATE OF THE S			
City		City		FL Zip Code		
10a. Pursuant to the provisions of sections \$20,1051 and \$20,192, 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						
	Address of Each General	-			Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	x Numbers)	11b.	City, State & Zip Code	11c. Registration	
CHALLENGER INVESTMENTS, INC.	16501 NW 16 CT.	[MIAMI FL 33169		G60078	
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				At No	1 4 0 4000	
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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 voluntarity 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 s	ignature shall have the same legal effects as if					
empowered to execute this report as required by chapter 620, Florida Statutes.						
SIGNATURE				DATE 10	122/70	
Typed or Printed Name of General Partner Signing Form Number 1. SUARGZ Daytime Telephone Number 305) GZI-42Z7						