

**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

**FILED**

98 DEC 15 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**1. Name of Limited Partnership**  
PARK AVENUE ASSOCIATES, LTD.

**1a. DOCUMENT #**  
A17320

<b>Mailing Address</b> 2295 CORPORATE BLVD. NW STE. 222 BOCA RATON FL 33431		<b>Principal Office Address</b> 2295 CORPORATE BLVD. NW STE. 222 BOCA RATON FL 33431		<b>3. Date Formed or Registered</b> 06/25/1984	<b>5a. Capital Contributions as Shown on record.</b>  \$500.00
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3a. Date of Last Report</b> 12/15/1997	
				<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
				<b>6. FEI Number</b> 59-2418901	
				<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

<b>9. Name and Address of Current Registered Agent</b> HERRICK, NORTON 2295 CORPORATE BLVD., N.W. SUITE 222 BOCA RATON FL 33431	<b>10. If changed, new Registered Agent/Office</b> 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
1731, INC.	2295 CORP BLVD. NW #2	BOCA RATON FL	V45077

600002721156--8  
-12/23/98--01074--003  
\*\*\*\*150.00 \*\*\*\*150.00  
AL DEC 21 1998

**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 Norton Herrick Pres 1731 Inc DATE 12/1/98  
Typed or Printed Name of General Partner Signing Form Norton Herrick Pres 1731 Inc Daytime Telephone Number 561-241 9880

CR2E003 (8/98)