

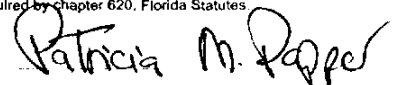


**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		CONFIDENTIAL 2:04 	
1. Name of Limited Partnership PAPPER VENTURES, LTD.		1a. DOCUMENT # A17958			
Mailing Address ONE GROVE ISLE DRIVE SUITE 1501 MIAMI FL 33133		Principal Office Address ONE GROVE ISLE DRIVE SUITE 1501 MIAMI FL 33133		3. Date Formed or Registered 09/27/1984 3a. Date of Last Report 11/25/1997 4. State or Country of Formation FL 6. FEI Number 59-2454245 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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$175,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
9. Name and Address of Current Registered Agent PAPPER, PATRICIA M. ONE GROVE ISLE DRIVE SUITE 1501 MIAMI 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			
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) RAPPER, PATRICIA M.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1 GROVE ISLE DRIVE, S1		11b. City, State & Zip Code MIAMI FL	
11c. Registration/Document Number 8000002786098--2 -02/24/99--01090--018 ****526.25 ****526.25					
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 x 2/16/99	
Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number	

CR2E003 (12/98)