


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  98 NOV 17 AM 11:59  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership  <b>MHO PARTNERS, LIMITED</b>		1a. <b>DOCUMENT #</b> <b>A18412</b>		
Mailing Address  1001 N.W. 62ND STREET SUITE 103 FT. LAUDERDALE FL 33309-1966		Principal Office Address  1001 N.W. 62ND STREET SUITE 103 FT. LAUDERDALE FL 33309-1966		3. Date Formed or Registered  11/30/1984  3a. Date of Last Report  09/10/1997  4. State or Country of Formation  FL
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.  \$999,289.00  5b. Amount of Capital Contributions in FLORIDA to date:  \$ 0.00  6. FEI Number  59-2358930  7. Certificate of Status Desired  \$8.75 Additional Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)
9. Name and Address of Current Registered Agent  HELF, MARVIN 1001 N.W. 62ND ST. SUITE 103 FT. LAUDERDALE FL 33309-1966		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 _____				
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>				
11. Name(s) of General Partner(s)  MARVIN HELF & ASSOC LTD SECURITY PROPERTIES INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  1001 NW. 62ND ST. #10 ONE INSIGNIA FINANCIA	11b. City, State & Zip Code  FT. LAUDERDALE FL GREENVILLE SC	11c. Registration/ Document Number  A18494 F93000000494	
300002691663--2 -11/19/98--01076--001 ****282.50 ****141.25 AL NOV 18 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 _____ DATE 11-10-98				
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____				

CR2E003 (8/96)