FILE ON OR BEFORE DECEMBER WILL BE SUBJECT TO REVOO					
LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	FLORIDA DEPART Sandra B. I Secretary DIVISION OF CC	Mortham of State	E FIL SECRETARY DIVISION OF CO 98 NOV 30	OF STATE PRPORATIONS	
1. Name of Limited Partnership	1a. DOCUMENT # A18686		90 NOV 50	AMII: 55 Unite 12/3	
MONARCH ASSOCIATES, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
C/O PETER LAWERENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD SUITE C-1 TAMPA FL 33634-6334 C/O PETER LAWERENCE COMMERCIAL REAL 4710 EISENHOWER BLVD SUITE C-1 TAMPA FL 33634-6334			ATE 12/26/1984 3a. Date of Last Report 12/12/1997	\$1,525,000.00	
			4. State or Country of Formation	5b. Amount of Capitat Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 59-2498704	Applied For Not Applicable	
Zip Country		Country	7. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required	
			8. Make check payable to: Dept. 4	of State (See reverse side for fee information)	
g Name and Address of Current R	egistered Agent	T	10, If changed, new Register	ed Agent/Office	
PETER LAWRENCE COMMERCIAL REAL EST	TATE, INC	Name Street Address (1	P.O. Box Number Is Not Acceptable)		
4710 Eisenhower Blvd. Suite C-1	Su		suite, Apt. #, etc.		
TAMPA FL 33634-6334		City Zip Code			
10a. Fursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Florid			by accept the appointment of registered	
A GENERAL PARTNER THAT IS MUST	<b>BE REGISTERED ANI</b>	D ACTIVE	ARTNERSHIP OR OTH WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	Address of Each General (Do NQT Use Post Office Boy		b. City, State & Zip Code	11c. Registration/ Document Number	
MBB '90 CORP.	4710 EISENHOWER BLVD.		TAMPA FL 33634-6334	L59903	
			800002 -12/04 *****!	7039488 /9801110015 526.25 ****526.25	
Note: General partners MAY NOT	be changed on this form	; an amenc	Iment must be filed to ch	nange a general partner.	
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with So this annual report is true and accurate and that my signa empowered to execute this report as required by chapted	filing is voluntarily fumIshed and does not oction 119.07(3)(k) In the event that the info ture shall have the same legal effects as if	qualify for the exem ormation supplied is	ption stated in Section 119.07(3)(k), Florida deemed exempt from public access. I furth	Statutes. I release the Division of er certify that the information indicated on	
SIGNATURE	- Mone	-	DATE	11/24/98	
Typed or Printed Name of General Partner Signing Form $\underline{Jin}$		dent			