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

MILT BE SUBJECT TO KEN	OCATION AND 3300 SENAL	IY FEE				
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILLD SECT. TAKY OF STATE GIVENEY OF CUPPERATIONS			
1. Name of Limited Partnership	1a. DOCUMENT # A19201		99 FEB 16 PM 1: 52			
ROW KINGS MEADOW ASSO	OCIATES, LTD.					
Aailing Address	Principal Office Address		3. Dale Formed or Registered 5a. Capital Contributions as Shown on record		Contributions as	
400 CONGREGG AVENUE	6400 CONSRESS AVENUE		02/22/1985	1		
NITE-2000 IOOA RATON FL-82487	SUITE 2000.		3a. Date of Last Report 12/05/1997	\$477,024.00		
OCK TIATOWYE SOUT	-BOCA RATON FL 93487	TOOCH PATOR PERSON		5b. Amount of Capital Contributions in FLORIDA		
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation to date		^-	
717 No. Harwood Suite, Apt. #, etc.	717 N. Harwood Suite, Apt. #, etc.		FL 6. FE! Number			
Ste. 1200	5te. 1200		59-2591796 Applied For Not Applicable		Applied For Not Applicable	
City State Calbs, TX	City & State		7. Certificate of Status Desired	Certificate of Status Desired \$8.75 Additional		
75201	7 SZO / Country		Fee Required 8. Make check payable to. Dept. of State (See reverse side for fee information)			
9. Name and Address of Current	t Registered Agent	T	10. If changed, new Registere	d Agent/Office		
-FISH, DEBORAH-L		Name Corporatio	n Service Company			
SUITE 2000 - Suite 32487 .		1201 Hays	reel Address (P.O. Box Number is Not Acceptable) 201 Hays Street			
		Suite, Apt #, etc 5,000,000 27811558				
		Tallahasse	e ****1	41.42	5236 141.25	
Pursuant to the provisions of sections 620, 1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the entitletions.	registered agent, or both, in the State of Florida of section 620.192 Florida Statutes.	da. Such change was auti	horized by its general partner(s). I hereb	y accept the app	, submits this statement ointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)		·	IEY, ASST. V.P. DATE		2/11/94	
A GENERAL PARTNER THAT MUS	TIS A CORPORATION, L T BE REGISTERED AN			R BUSIN	IESS ENTITY	
1. Name(s) of General Partner(s)	11a. Address of Each General		11b. City. State & Zip Code		Registration/ Document Number	
CROW, TERWILLIGER & SPEICHER	6400 CONGRESS AVE.		BOCA RATON FL		689106	
Note: General partners MAY NOT	be changed on this form	ı; an amendme	ent must be filed to cha	ange a ge	neral partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chapter of the corporation of the cor	Section 119.07(3)(k) in the event that the info inature shall have the same legal effects as if one 620, Florida Statutes. LAIZET and Speicher I	ormation supplied is deen made under oath I furthe Development	ned exempt from public access i further or certify that fam a General Partner of: Corporation, item	certify that the in the limited partne cole get	oformation indicated on eaship, receiver or trustee neral partne	

Typed or Printed Name of General Partner Signing Form Lee Arm Shamblin, Asst. Sect. Daylime Telephone Number 214-922-8480