



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 98 DEC 22 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership SUMMIT TWO LTD.		1a. DOCUMENT # A19300			
Mailing Address % WOLPERT & KAUFMAN, P.A. 9200 S. DADELAND BLVD., #614 MIAMI FL 33156		Principal Office Address % WOLPERT & KAUFMAN, P.A. 9200 S. DADELAND BLVD., #614 MIAMI FL 33156		3. Date Formed or Registered 03/06/1985 3a. Date of Last Report 11/17/1997 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. \$750,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 750,000	
6. FEI Number 59-2659801		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 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)			
9. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC.. 2 ALHAMBRA PLAZA, STE. 1202 CORAL GABLES FL 33134			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
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.			100002738401-4 -01/12/99-01075-009 *****526.25 *****526.25 FL		
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) KENDALL SUMMIT, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9200 S DADELAND BLVD,		11b. City, State & Zip Code MIAMI FL 33156	
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