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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A20065

FILED 98 DEC - 1 PM 1:13 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST FLORIDA EQUITIES	i, LID.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.		
9095 S.W. 87TH AVENUE, SUITE 777	9995 S.W. 87TH AVENUE SHITE	9095 S.W. 87TH AVENUE. SUITE 777 MIAMI FL 33176		\$1,428.57		
MIAMI FL 33176						
			12/23/1997	5b. Amount of Capital		
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For		
City & State	City & State	City 2 State		Not Applicable		
<u> </u>		City & State		\$8.75 Additional		
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)		
			—\			
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
MITCHELL, JAMES R						
9095 S.W. 87TH AVENUE		Street Address (P.O. Box Number Is Not Acceptable) 27027644				
SUITE 777		Suite, Apt. #, etc.				
MIAMI FL 33176		City FL Zip Code				
agent. I am familiar with, and accept the ob-	fice or registered agent, or both, in the State of Flo ligations of section 620.192, Florida Statutes.	rida. Such change was a	uthorized by its general partner(s). I hereby	State of Florida, submits this statement y accept the appointment of registered		
A GENERAL PARTNER TI	HAT IS A CORPORATION, MUST BE REGISTERED AN	LIMITED PAI ID ACTIVE W	RTNERSHIP OR OTHE /ITH THIS OFFICE.	R BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each Gene	ral Partner Box Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number		
FFE I, INC.	9095 SW 87TH AVE. #5	60 N	/IAMI FL	S48206		
			AL			
			AL.	DEC - 2 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 filling 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 deerned 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.

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Typed or Printed Name of General Partner Signing Form

CR2E003 (8/98)