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

DOCUMENT#

FILED 99 JAN -6 PM 1: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Name of Limited Partnership	A20823		
PALM B C.V., LTD.			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
175 LOOKOUT PLACE	175 LOOKOUT PLACE	09/24/1985	A705 000 00
SUITE 201	SUITE 201	3a. Date of Last Report	\$785,000.00
MAITLAND FL 32751	MAITLAND FL 32751	12/26/1997	5b. Amount of Capital
		4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	ос	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	Applied For
City & State	City & State	98-0073088	Not Applicable
	Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)
			FE (\$5-21 28)

10. If changed, new Registered Agent/Office
Name Street Address (P.O. Box Number - 01/13/39 - 01074 - 008 Suite, Apt. #, etc. ****526.25 *****526.25
City Zip Code
_

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

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PALM "B" BEHEER B.V.	166 LOOKOUT PLACE, SU	MAITLAND FL 32751	P07790
•			
•) }
		_	

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 spinature 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 Corporations from any manning or more constituting signature shall have the sar this annual report is true and accurate and that my signature shall have the sar this annual to execute this report as required by grapher 620, Florida Statutes.

SIGNAL	UKE	
--------	-----	--

EERD AM

Daytime Telephone Number