

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 PM 12: 33

1. Name of Limited Partnership JANMAR PROPERTIES, LTD.	1a. DOCUMENT # A20898
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Mailing Address 4649 PONCE DE LEON BLVD. SUITE 403 CORAL GABLES FL 33146	Principal Office Address 4649 PONCE DE LEON BLVD. SUITE 403 CORAL GABLES FL 33146
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 10/02/1985	5a. Capital Contributions as Shown on record. \$4,148,587.24
3a. Date of Last Report 12/09/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-2588569	<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
RAWLS, B.D.
4649 PONCE DE LEON BLVD.
SUITE 403
CORAL GABLES FL 33146

10. If changed, new Registered Agent/Office

Name	
Street Address (P.O. Box Number is Not Acceptable)	300002734933--8
Suite, Apt. #, etc.	01/08/99 01086 007
City	FL
Zip Code	***526.25 ***526.25

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.

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
JANMAR CORPORATION	4649 PONCE DE LEON #403	CORAL GABLES FL 33146	254801

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 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.

SIGNATURE B.D. Rawls DATE 12/17/98
 Typed or Printed Name of General Partner Signing Form B.D. Rawls V.P. Daytime Telephone Number 305-666-5770

CR2E003 (8/98)