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

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED	
1. Name of Limited Partnership	1a. DOCUMENT # A21115		98 DEC 17 PM 2: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
GOVERNOR'S MANOR, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
3225 AVIATION AVE., #700	3225 AVIATION AVE., #700		10/30/1985	Snown on record.
COCONUT GROVE FL 33133	COCONUT GROVE FL 33133		3a. Date of Last Report	\$875,000.00
			11/17/1997	5b. Amount of Capital
2 Mallie Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address 2937 S.W. 27 4 Ave	3937 S.W. 27 H Ave		FL	
Suite, Apt. #, etc. 30.3	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		59-2597047	Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
	<u> </u>		8. Make check payable to: Dept. of S	tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10, if changed, new Registered Agent/Office				
Name, 2				
			Box Number Is Not Acceptable)	
COCONUT GROVE FL 33133	Suite Apt. #, etc.		W. 274 Hue	
	323		7	Zip Code
100 Duminate to a spirit a footbase 600 1051 and 6	20 102 Florida Chebutan the characteristic	Cocamut	Creve	FL 33/33
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 furnitial with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Recister Lagrat Accepting Applying				
A GENERAL PARTINER 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 445	City, State & Zip Code	11c. Registration/
B.J.L. NO. 1, LTD.	2121 PONCE DE LEON		ORAL CABLES FL 33134 CONUIL Crove. AC 33133	A17875
			0000027; -12/24/9 ****\$26	801094003 [7
•	i		AL	DEC 2 2 1996
•		<u></u>		1
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-pempliance 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 too and event that mysignature 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 passed as required by chapter 620, Florida Statutes.				
SIGNATURE DATE 19/1991				
yped or Printed Name of General Ramer Signing Form				