FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED SECRETARY OF STATE OIVISION OF CORPORATIONS

dress NDALL DRIVE S.W. 72 AVE II, FL 33155 Country	3. Date Formed or Registered 12/06/1985 3a. Date of Last Report 10/04/1996 4. State or Country of Formation FL 6. FEI Number 59-2642726 7. Certificate of Status Desired	5a. Capital Contributions as Shown on record. \$360,000.00 5b. Amount of Capital Contributions in FL ORIDA to date: Applied For Not Applicable \$8.75 Add tona'
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	59-2642726 7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Country	7. Certificate of Status Desired	\$8.75 Additional
Country	A Maka abada assabla ta Santa d	Fee Required
	 маке спеск раувоге to: Dept. от 	State (See reverse side for fee Informatio
1	10. If changed, new Registere	ed Agent/Office
Name		
Street Address		
Suite. Apt. #, etc MAAN 51. 72 AVE		
City	WIAMI, FL 33155	Zip Code
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ERED AND ACTIVE	E WITH THIS OFFICE.	A DOSINESS ENTITY
is 6 (W.h Graur A.M. Filer Ugo Past Offica Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TH-KENDALL D	MIAMI FL	G91623
HWENDALLADE	MIAMI FL	
S KENDALAVE	S. MIAMI FL	
D.W. 16 WAP		
HH KENDALL 55	MIAMI FL	
HINTENDACE 55	200002	
HH KENDAZZ 55	200002 -10/0	23152221 8/9701090009 541.25 ****541.25
	Suite. Apt. #, City s, the above-named limited partner in the State of Florida. Such chang da Statutes RATION, LIMITED I ERED AND ACTIVISM CONTACTIVISM PROPERTY DESCRIPTION OF THE STATE	City s, the above-named limited partnership organized or registered under the laws of the in the State of Fiorida. Such change was authorized by its general partner(s). I here does not be a statutes DATE RATION, LIMITED PARTNERSHIP OR OTHE ERED AND ACTIVE WITH THIS OFFICE. SOWN OR AMERICAN STATE OF THE STATE OF

this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. Further certify that I am a General Partner of the limited partnership, receiver or more empowered to execute this report as required by chapter 620, Florida States.

SIGNATURE

DATE

DATE

Daytime Telephone Number 3-5-468 - 3-89