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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

98 DEC 31 AM 8: 41

DOCUMENT# 1. Name of Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA A21421 1985 INVESTMENT PROGRAM, LTD. 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 12/09/1985 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST 700 SOUTH FLAGLER DRIVE \$725,000.00 WEST PALM BEACH FL 33401 3a. Date of Last Report SUITE 500 EAST WEST PALM BEACH FL 33401 04/01/1998 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 59-2611880 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country 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 Name BEALL, KENNETH S JR. Street Address (P.O. Box Number Is Not Acceptable) 700 SOUTH FLAGLER DRIVE <u>400002747554--</u> -01/20/99--01040--013 Suite, Apt. #, etc. SUITE 500 EAST ****526.25 WEST PALM BEACH FL 33401 City 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. Address of Each General Partner Registration/ 11. 11c. Name(s) of General Partner(s) 11b. City, State & Zip Code (Do NOT Use Post Office Box Numbers) Document Number 1985 INVESTMENT PROG.INC 777 S FLAGLER DR #500 W. PALM BEACH FL H79975 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 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 repaired by chapter 620, Florida Statutes. as Pres. of Gen Pour. **SIGNATURE**

Daytime Telephone Number