FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A21839

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

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### Principal Office Address ** CONCORD ASSETS GROUP, INC. ** CONCORD ASSETS GROUP, INC. 5200 TOWN CENTER CIRCLE 5200 TOWN CENTER CIRCLE		INC.		3. Date Formed or Registered 01/16/1986	58. Capital Contributions as Shown on record.	
BOCA RATON FL 33486				38. Date of Lest Report 09/26/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 1500 E.Palmetto Park	2a. Principal Office Address Rd 150E.Palmetto	Park R	oad	DE		
Suite, Apt. #, etc. 4th Floor	Suite, Apt. #, etc. 4th Floor			6. FEI Number 13-3337317	Applied For	
City & State Boca Raton Florida		Florid	a	7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
Zip Country 33432	Zip 33432	Country		8, Make check payable to: Dept. of	State (See reverse side for fee Information	
9. Name and Address of Curre	nt Registered Agent			10. If changed, new Registered Agent/Office		
PRENTICE-HALL CORPORATION SYSTEM	M, INC.	Name Street Add	an (D.O. Po	w Ni wahar Ia Not Anadadahla)		
OUTEANS SINGET			Street Address (P.O. Box Number Is Not Acceptable) 90002467199 3 Sulte, Apt. #, etc03/24/9801103013			
* TALLAHASSEE FL 32301	City			****526.25 ****526.25 FL		
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) _ A GENERAL PARTNER THAT MUS	ns of section 620.192, Florida Statutes,	LIMITED	PART	DATE NERSHIP OR OTHE		
11. Name(a) of General Partner(s)	11a. Address of Each Gener (Do NOT Use Post Office Br	al Partner ox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
WASHINGTON GENERAL CORP.	520/LTOWN CTR. CIRCLE		BOCA RATON FL		P39190	
	150E.Palmetto	Park oad			al	
•		}			W 23	
((•					7	
Note: General partners MAY NO	T be changed on this form	n; an ame	ndmer	nt must be filed to cha	inge a general partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance with annual report is true and accurate and that my sempowered to execute this report as required by	this filing is voluntarily furnished and does not in Section 119-67(3)(k) in the event that the in- ignature shall have the same legal effects as	ot qualify for the	exemption s	stated in Section 119.07(3)(k), Florida ad exampt from public access. I furth	Statutes. I release the Division of er certify that the information indicated on	

SIGNATURE _ Typed or Printed Name of General Partner Signing Form Robert Mandor - U.P. of G.P.