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

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC - 1 AM II: 00

Daytime Telephone Number (561) 640-3133

1. Name of Limited Partnership	A22420				00		
GLADES FIRST COURT ASSOCIATES, LTD.				012 2			
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
ADMIN. BLDG 100 CENTURY BLVD. WEST PALM BEACH FL 33417	ADMIN. BLDG., 100 CENTURY BLVD. WEST PALM BEACH FL 33417			04/23/1986 3a. Date of Lest Report 12/10/1997	\$500,000-00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	\$500,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6, FEI Number 59-2662012		Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
			40				
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name				
LEVY, MARK F ADMIN. BLDG., 100 CENTURY BLVD.		Street Address (P.O. Box Number Is Not Acceptable)					
			pt. #, etc.				
	City		FL Zip Code				
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.						NESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each General 11a. (Do NOT Use Post Office Bo	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
DEL FINANCIAL CORP.	ADMIN. BLDG., 100 CEN		WEST PALM BEACH FL 33		G16661 O2527—O		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
4.2 His bandy and is that the information compiled with this filter is valuaterly furnished and done not conjugate for the averaging stated in Section 119.07(2)(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 try 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.

Mark F. Levy,

SIGNATURE