## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED 99 FEB 23 PM 1: 17

1. Name of Limited Partnership	1a. DOCUMENT # <b>A22479</b>		SECRETARY OF THE PROPERTY OF T	
LYN-ANNA PROPERTIES LTD.			1 1301011 1013 73011 11817 81871	
Mailing Address  % ALAN G. KIPNIS ESQ.  ONE FINANCIAL PLAZA SUITE-2308  FT. LAUDERDALE FL 83194	Principal Office Address  * ALAN G. KIPNIS ESO.  ONE FINANCIAL PLAZA SUITE 2308  FT. LAUDERDALE FL 33194		3. Date Formed or Registered 05/02/1986 3a. Date of Last Report 11/05/1997	5a. Capital Contributions as Shown on record \$98.00  5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address 10 Livenus	2a. Principal Office Address JULY		4. State or Country of Formalion	08 55
Suite Apt. #, etc. 610  Cityle State F. H. W. M. M. M. Country  Zip 33301 Country	Suite, Apt. #, et 50, 12 (1) City & State William South	FZ_	6, FEI Number 59-2664609 7. Certificate of Status Desired 8. Make check payable to Dept of	Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office	
KIPNIS, ALAN G.  - ONE FINANCIAL PLAZA SUITE 2308- FT.LAUDERDALE FL 33394		Street Address (P.O. Box Number Is Net Accelebible)  Suite, Apt #, etc  City  The Control of the		
10a. Pursuant to the provisions of sections 620.1951 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 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.				
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Number	<sub>s)</sub> 11b.	City, State & Zip Code	11c. Registration/ Document Number
LYN-ANNA CORP.	100 HZ 3C DUNNE	, 'FT	LAUDERDALE FL 333 Lauderdale FL 33301	H67219

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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 T release the Division of Corporations from any liability of non-sempliance 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 required by example 620. Florida Statutes

**SIGNATURE** 

Ty- Res.

DATE 2/17/5