

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

FILED

99 MAR 24 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership BRIGHTON GROUP, LTD.		1a. DOCUMENT # A22497	
2. Mailing Address 7200 NW 7TH ST. SUITE 300 SUITE 300 MIAMI FL 33126		2a. Principal Office Address 7200 NW 7TH ST. SUITE 300 SUITE 300 MIAMI FL 33126	
3. Date Formed or Registered 05/06/1986		5a. Capital Contributions as Shown on record. \$1,971,121.75	
3a. Date of Last Report 09/18/1997		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation FL		6. FEI Number 59-2721543	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SMITH, LESLIE G 815 NO. RED ROAD, SUITE 400 MIAMI FL 33126		10. If changed, new Registered Agent/Office Name NORMAN LEOPOLD Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD Suite, Apt. #, etc. 501 City AVENTURA FL Zip Code 33180	
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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 **12/17/98**

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) BRIGHTON DEVELOPMENT CO.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 815 NO. RED ROAD, SUITE 400 7200 NW 7TH ST. SUITE 300	11b. City, State & Zip Code MIAMI FL 33126	11c. Registration/Document Number M31447 000002882469-8 -04/07/99-01090-004 ****526.25 ****526.25
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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. 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 required by chapter 620, Florida Statutes.

SIGNATURE DATE **12/20/98**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)