## 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

1. Name of Limited Partnership

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**DOCUMENT#** Ä22559

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 11 PM 4: 16

ALL-STATE PROPERTIE	S L.P., A LIMITE	D PARTNERSHIP
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ALE-STATE PROPERTIES L.F., A LIVINED PARTNERSHIP								
				×2 13	15			
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered		5a. Capita! Contributions as Shown on record.		
P.O. BOX 5524	5500 NW 69TH AVENUE	5500 NW 69TH AVENUE		05/16/1986 3a. Date of Last Report		\$5,422,852.00		
FORT LAUDERDALE FL 33310-5524	LAUDERHILL FL 33319							
				12/29/19	97	5b. Amou	int of Capital ibutions in FLORIDA e:	
2. Mailing Address	2a. Principal Office Address			4. State or Cou	ntry of Formation			
		Zizi i inopa Once radiess		DE		Same as 5a.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For		
City & State	City & State	City & State		59-2399		Not Applicable		
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required			\$8.75 Additional Fee Required	
				8. Make check	payable to: Dept. of S	tate (See reve	rse side for fee information)	
9 Name and Address of Cun	rent Registered Agent	I		10. If chan	ged, new Registered	Agent/Office		
Name			10. Worldingson, new resignation regulations					
ROSENTHAL, STANLEY R.		Street Address (P.O. B		Box Number Is Not Acceptable)				
5500 NW 69TH AVENUE LAUDERHILL FL 33319		Suite, Apt. #, etc.						
ENODERINEE I E 300 IS	City		, Žip Code					
		<u> </u>				<u>FL</u>		
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat	or registered agent, or both, in the State of Florid	i limited partne ia. Such chang	ership organiz ge was author	ed or registered of ized by its genera	inder the laws of the al partner(s). I hereby	State of Florid accept the ap	a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)					DATE_			
A GENERAL PARTNER THA	AT IS A CORPORATION, L IST BE REGISTERED ANI	IMITED D ACTIV	PARTI VE WIT	NERSHIP H THIS O	OR OTHE	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo		11b.	City, State &	Zip Code	11c.	Registration/ Document Number	
ROSENTHAL, STANLEY R.	5500 NW 69TH AVENUE		LAUD	ERHILL FL	33319			
				70	00027 -12/18/ ****\$22	7 1 6 7 98 - 01 6, 25	7777 102013 ****526.25	
Note: General partners MAY NO								
12. I do hereby certify that the information shoplied with	th this filing is voluntarily furnished and does not	qualify for the	exemption sta	ted in Section 11	9.07(3)(k), Florida Sta	atutes. I relea:	e the Division of	

Corporations from any liability of not compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exampt from public access. I further certify that the information indicated on this annual report is true and access and that my signature shall have the same legal affects as if made under each. 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 filorida Statutes.

SIGNATURE.

Typed or Printed Name of General

STANLEY R. ROSENTHAL

ther Signing Form

Daytime Telephone Number\_

(954) 572-2113

December 9, 1998