



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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 DEC 10 AM 8:45 <i>mtw</i> 12/14	
1. Name of Limited Partnership  PAPPAS CENTER, LTD.		1a. DOCUMENT # A22807			
Mailing Address 1320 SOUTH DIXIE HIGHWAY SUITE 1061 CORAL GABLES FL 33146		Principal Office Address 1320 SOUTH DIXIE HIGHWAY SUITE 1061 CORAL GABLES FL 33146		3. Date Formed or Registered 06/25/1986 3a. Date of Last Report 12/26/1997 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$750,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 759,000 6. FEI Number 59-2685111 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent FARBISH, HOWARD J. 1320 SOUTH DIXIE HIGHWAY #1061 CORAL GABLES FL 33146		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, 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.					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
BERMAN, DAVID M. SWICKOW, BERNARD STAHL, HARVEY H. FARBISH, HOWARD J. MILLHAUSER, HOWARD P.		1320 S DIXIE HWY #106 1320 S DIXIE HWY #106 1320 S DIXIE HWY #106 1320 S DIXIE HWY #106 1320 S DIXIE HWY #106		CORAL GABLES FL CORAL GABLES FL CORAL GABLES FL CORAL GABLES FL CORAL GABLES FL	
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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 12/8/98 Typed or Printed Name of General Partner Signing Form HOWARD J. FARBISH Daytime Telephone Number 305-665-5303					

CF2E003 (8/98)