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

1a. DOCUMENT # **A23034**

FILED

99 JAN -4 PM 3: 22

SECRETARY OF STATE
TALLAHASSEF, FLORIDA

				***************************************		TIDES.	
TERRACE PLAZA MOTEL ASSO							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita	Contributions as	
1161 S.W. 21ST AVENUE BOCA RATON FL 33486	1161 S.W. 21ST AVENUE BOCA RATON FL 33486			08/08/1986 3a. Date of Last Report 02/06/1998	1986 \$200,000.00		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date).	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-2463654		Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired	П		
Zip Country	Zip Country			8. Make check payable to: Dept. of S		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
UDWIN, DENIS 1161 S.W. 21ST AVENUE BOCA RATON FL 33486		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 63 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS	stered agent, or both, in the State of Floris section 620,192, Florida Statutes. S A CORPORATION, L	da. Such change	PART	DATE_	accept the ap	pointment of registered	
11. Name(s) of General Partner(s)	BE REGISTERED AN 11a. Address of Each Genera 11a. (Do NOT Use Bost Office Ro	il Partner	<u>= vv; i</u> 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
REAL ESTATE INVESTMENTS OF T	1161 S.W. 21ST AVENUE		BOCA RATON FL		M01321		
				8000027 -01/21/ ****52	' 9901	0681 016022 ****\$26.25 :	
Note: General partners MAY NOT b	e changed on this form	n; an ame	ndmei	nt must be filed to cha	nge a ge	eneral partner.	
12. Ido hereby certify that the information supplied with this to Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signate empowered to execute this report as required by chapter SIGNATURE	filing is voluntarily furnished and does not ction 119.07(3)(k) in the event that the inf ture shall have the same legal effects as it	qualify for the ex ormation supplier f made under oat	emption st d is deeme h. I further	tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further of	atutes. I releas certify that the limited partr	e the Division of information indicated on ership, receiver or trustee	
J	Donnis Udd	12110		Dougland Tolomban Number (56	1) 53	3~0344	

						j		
Type	da	Print	ad N	ame.	of Coner	I Partner Sign	ina For	n