## 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

**DOCUMENT#** A23199



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400 PLAZ	A ASSOCIATES I	_TD.		TALLAHASS		
Mailing Address	didress Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
415 S. FEDERAL HWY. DANIA FL 33004  2. Mailing Address		415 S. FEDERAL HWY.		09/11/1986	\$365,500.00	
		Dania FL 33004		3a. Date of Last Report 10/08/1997	5b. Amount of Capital	
		2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0248228	6. FEI Number Applied For	
City & State		City & State	City & State			Not Applicable \$8.75 Additional
Zip	Country	Zip C	ountry	8. Make check payable to: Dept.	7. Certificate of Status Desired \$8.75 Additional Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Information	
	0 11 11 11 11 11			10 If shapped your Pacieta	red Acont/Office	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name			
ADMIN CORP. 415 S. FEDERAL HWY. DANIA FL 33004			Street Address (P.O. Box Number is Not Acceptable)			
			Suite, Apt. #, etc.			
		ŀ	Δ4.			Zip Code
			City		FL	
for the pur agent. I an SIGNATURE (Regis	pose of changing its registered offi in familiar with, and accept the oblig staired Agent Accepting Appointmen RAL PARTNER TH	AT IS A CORPORATION, L	limited partnership. Such change wa	s authorized by its general partner(s). I her	eby accept the a	da, submits this statement pointment of registered
for the pur agent. I an SIGNATURE (Regis A GENEI	pose of changing its registered offi in familiar with, and accept the oblig staired Agent Accepting Appointmen RAL PARTNER TH	pe or registered agent, or both, in the State of Fiorida ations of section 620.192, Fiorida Statules.	MITED PACTIVE	s authorized by its general partner(s). I her	eby accept the a	da, submits this statement pointment of registered
for the pure agent. I am SIGNATURE (Regis A GENE!	pose of changing its registered offi in familiar with, and accept the oblig stared Agent Accepting Appointmen RAL PARTNER TH	ce or registered agent, or both, in the State of Fioridal statutes of section 620.192, Fioridal Statutes.  AT IS A CORPORATION, LIUST BE REGISTERED AND Address of Each General	MITED PACTIVE	OAT WITH THIS OFFICE.	ER BUSI	Ja, submits this statement pointment of registered  NESS ENTITY  Registration/
for the pure agent. I am SIGNATURE (Regis A GENE!	pose of changing its registered offi in familiar with, and accept the oblig stared Agent Accepting Appointmen RAL PARTNER TH M b) of General Partner(s)	ce or registered agent, or both, in the State of Fioridal statutes of Section 620.192, Floridal Statutes.  IAT IS A CORPORATION, LIUST BE REGISTERED AND Address of Each General (Do NOT Use Post Office Box	MITED PACTIVE	DANIA FL	ER BUSI	ne, submits this statement appointment of registered  NESS ENTITY  Registration/ Document Number

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 charles 620, Florida Statutes.

SIGNATU	JRE
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Julia SABARSKU