FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

FILED Mar 01 1999 8:00 am

1999	DIVISION OF CO	eid'	Secretary of State		
1. Name of Limited Partnership	1a. DOCUM A23486	ENT#	Į.		
FLORIDA LAND ACOUISITI	ON GROUP U.S.A.	, ፔ.թ. ፔጥበ			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
NATIONSBANK TOWER	FORT LAUDERDALE FL 33394 2a. Principal Office Address		10/27/1986	\$ 200 • 00	
ONE FINANCIAL PLAZA. SUITE 2110			3a. Date of Last Report	-	
FORT LAUDERDALE FL 33394			01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:	
			4. State or Country of Formation		
2. Mailing Address One Financial Plaza			FL	1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
Suite 2110 City & State	City & State		65~0030488	Not Applicable	
FT. Lauderdale, FL			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		8, Make check payable to: Dept. of S	Fee Required State (See reverse side for fee information)	
33394 Proward	L				
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered	Agent/Office	
JILL L. WUNDERLICH, P.A.					
NATIONSBANK TOWER ONE FINANCIAL PLAZA, SUITE 2110 FORT LAUDERDALE FL 33394 Street Address (P.O. t Suite, Apt. #, etc. City		Street Address (P.O. B	Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, etc.		0.11	
			FL Zp 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)	Allo. U	Viender	luch DATE	2-28.99	
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 Conorel Partner(s)	11a. Address of Each General		City, State & Zip Code	11c. Registration/ Document Number	
AVALON DEVELOPMENT COMPANY OF DELAWARE, INC.	SUITE 2110		r taunerdate, ft 94 -4 mmmm?" -03/12 ****1	P10086 P10086 P1034847 79801004002 41.25 ****141.25	
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 isability 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 path. 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 _

Typed or Printed Name of General Partner Signing Form

BEAT HANLI

954-463-9444 ___ Daytime Telephone Number_