

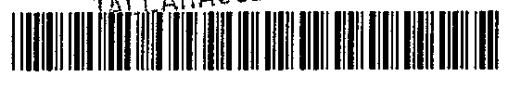
**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV -4 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership AA/TAMPA GROUP, LTD.	1a. DOCUMENT # A23989
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Mailing Address 1720 E. HILLSBORO AVENUE TAMPA FL	Principal Office Address 1720 E. HILLSBORO AVENUE TAMPA FL
2. Mailing Address 6600 S.W. 57 AVENUE	2a. Principal Office Address
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.
City & State MIAMI, FL.	City & State
Zip 33143 Country	Zip Country

3. Date Formed or Registered 12/31/1986	5a. Capital Contributions as Shown on record. \$10,071,045.01
3a. Date of Last Report 12/16/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-2749535	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BRYER, WARREN 6600 SW 57TH AVE MIAMI FL 33143

10. If changed, new Registered Agent/Office Name STELLA A. ROSENFELD Street Address (P.O. Box Number is Not Acceptable) 6600 S. W. 57 AVENUE Suite, Apt. #, etc. SUITE 200 City MIAMI FL Zip Code 33143

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) *Stella A. Rosenfeld* DATE **11/2/98**

**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	11c. Registration/ Document Number
ABRAHAM/TAMPA, INC.	4181 SW 8 ST.	MIAMI FL 33134	V58486
800002684498--7 -11/10/98--01057--001 ***535.00 ***535.00 AL NOV - 4 1998			

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 *Anthony R. Abraham* DATE **11-2-98**

Typed or Printed Name of General Partner Signing Form **ANTHONY R. ABRAHAM** Daytime Telephone Number **305-665-2222**

CR2E003 (8/98)