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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

DOCUMENT# 1a.

SECRETARY OF STATE DIVISION OF CORPORATIONS 98 OCT 23 AM 10: 44

•	A24102					
FLAGLER AND 82ND, LTD.			D10/26			
Mailing Address	Principal Office Address	<u> </u>	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
19501 BISCAYNE BLVD. SUITE 400/ATTN: LEGAL DEPARTMENT AVENTURA FL 33180	19501 BISCAYNE BLVD. SUITE 400/ATTN: LEGAL DEPARTMI AVENTURA FL 33180	ENT	01/28/1987 3a. Date of Last Report 01/26/1998 4. State or Country of Formation	\$2,632,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		2,632,000		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		FL 6. FEI Number 65-0003501	Applied For Not Applicable		
			7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip C	ountry	8. Make check payable to: Dept. of 8	itate (See reve	Fee Required rse side for fee information)	
			40			
9_ Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office			
2875 N.E. 21915 I. SUREST EN UTE 400 X AVENTURA FL 33180			ario Romine			
		Street Address (P.O. Box Number Is Not Acceptable) 19501 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 400				
						City
		10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Florida.	imited partnership org	anized or registered under the laws of the	State of Florid
CIGNIST IDE (Devisered Asset Asset)	man a	No.	DATE	10/13	-198	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT						
MUS	ST BE REGISTERED AND	ACTIVE W	ITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General P		City, State & Zip Code	11c.	Registration/ Document Number	
FLAGLER PARK PLAZA, INC.	288NEXBEASNE 19501 BISCAYNE SUITE 400	BLVD AVENTURA FL 33180		p98000007921		
			900 <u>9</u> 028 ****5	755- 4 75 26.25	. 6	
<u>.</u>				1		

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 filling 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.