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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of Gen (2) Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A25079

98 DEC -3 AM 10: 05

TERSTATE INVESTMENTS, LTD.	

NTERSTATE INVESTMENTS, LTD.					
Mailing Address 2601 BISCAYNE BLVD. MIAMI FL 33137	Principal Office Address 2601 BISCAYNE BLVD. MIAMI FL 33137		3. Date Formed or Registered 08/21/1987 3a. Date of Last Report 03/09/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$0.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.			to date:	
City & State Zip Country				59-2133576 □ Not Applicable 7. Certificate of Status Desired □ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organifor the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorities and accept the obligations of sections 620.192, Florida Statutes.		P.O. Box Number Is Not Acceptable) organized or registered under the laws of the	FL Zip Code anized or registered under the laws of the State of Florida, submits this statement		
SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THA MU	IT IS A CORPORATION, L ST BE REGISTERED AN			R BUSINESS ENTITY	
11. Name(s) of General Partner(s) INTERSTATE INVESTMENT CO	11a. Address of Each General (Do NOT Use Post Office Bo		b. City, State & Zip Code	11c. Registration/ Document Number 664847 664847 7 1 2 3 4 3 5 7 8 01055 011 1. 25 *****141.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Vido 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 llability 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 upder 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. SIGNATI IRE					

Daytime Telephone Number